

<b>Case Number:</b>	CM15-0194932		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female, who sustained an industrial injury on 9-21-2010. The injured worker is being treated for cervical disc herniation with left upper extremity radicular symptoms, and reactionary depression and anxiety. Treatment to date has included surgical intervention (left shoulder arthroscopy, 2012, left carpal tunnel release and left epicondylitis surgery, 2011, and ulnar nerve surgery, 2012), epidural steroid injections, medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 9-09-2015, the injured worker presented for follow-up reevaluation. She reported being able to stop taking Norco which she attributed to her recent epidural steroid injection. Per the interim history provided, she was not requesting a refill of Norco; her last prescription was refilled on 7-28-2015. She rates her current pain as 4 out of 10 which is "very manageable." She is currently working full time, 48 hours per week with no restrictions. Current medications as of 9-09-2015 include Anaprox, Prilosec, Remeron, Norco, and Voltaren gel. The urine sample was qualitatively positive for opiates which is inconsistent given the IW's medical regimen. Objective findings included tenderness of the cervical spine bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the cervical musculature. Work status was temporarily totally disabled. The plan of care included injections, refill of medications and referral to an orthopedic surgeon. Authorization was requested for Norco 10-325mg #60. On 9-24-2015, Utilization Review non-certified the request for Norco 10-325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco Tab 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there is documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased to a 4/10. There are objective measurements of improvement in function or activity specifically due to the medication as the patient is working full time. Therefore, all criteria for the ongoing use of opioids have been met and the request is medically necessary.