

<b>Case Number:</b>	CM15-0197216		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/09/2000
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 68 year old female, who sustained an industrial-work injury on 5-9-00. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease (DDD), bilateral shoulder internal derangement, right and left lateral epicondylitis, and carpal tunnel syndrome. Medical records dated 5-5-15 indicate that the injured worker has had multiple surgeries but remains symptomatic with dependency on opioids for management of pain. She complains of intermittent flare-ups with prolonged activities. The pain is rated 4-5 out of 10 on average and the injured worker reports that the condition has been stable on her current medications. Per the treating physician report dated 5-5-15 the work status is permanent and stationary. The physical exam dated 5-5-15 reveals cervical tenderness to palpation, muscular guarding over the bilateral trapezius region, and decreased cervical range of motion. The right shoulder exam reveals tenderness, limited range of motion, and tenderness over the bilateral lateral epicondyle regions left worse than the right. There is tenderness over the bilateral wrists with positive Tinel's and Phalen's sign. Treatment to date has included pain medication, Vicodin, Norco for breakthrough pain since at least 5-5-15, Butrans patch, Pepcid, Gabapentin, Celexa, diagnostics, off of work and other modalities. The request for authorization date was 9-8-15 and requested service included Norco 10-325mg #60. The original Utilization review dated 9-15-15 non-certified Norco 10-325mg #60 as not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use, Opioids, long-term assessment.

**Decision rationale:** MTUS Guidelines have very specific recommendations regarding the appropriate use and documentation necessary to support the long term use of opioid medications. These standards include detailed documentation of the amount of pain relief, length of pain relief and functional benefits resulting from opioid use. These standards are not met in the records available for review. There is no quantified reporting of the amount of pain relief or length of pain relief. There is no documentation detailing functional benefits as a result of use. Under these circumstances, the Norco 10/325mg #60 is not supported by Guidelines and is not medically necessary.