

<b>Case Number:</b>	CM15-0197237		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	12/15/2009
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/30/2015
<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: Texas, California

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 34-year-old female, with a reported date of injury of 12/15/2009. The diagnoses include cervical strain with radicular pain, right sternoclavicular joint dislocation, humerus fracture, status post arthroscopic subacromial decompression and debridement of the right shoulder on 6/17/11, and lumbosacral strain with radicular pain. Treatments and evaluation to date have included Ibuprofen, and Norco (since at least 03-2015). Other medications list includes Pristiq (Desvenlafaxine), and Testosterone injection. The progress report dated 09-22-2015 indicates that the injured worker had back stiffness, numbness in the right and left leg, radicular pain in the right and left leg, and weakness in the right and left leg. The back pain was described as aching, sharp, stabbing, throbbing, spasming, pins and needles, and shot down the right leg. The injured worker rated the pain 7 out of 10 and 6 out of 10 on 08-31-2015. The injured worker also had neck pain, with numbness and tingling in the right and left arm, radicular pain in the right and left arm, weakness in the right and left arm, and stiffness and pain. The pain was rated 7 out of 10 and 6 out of 10 on 08-31-2015; and right shoulder pain, which was rated 7 out of 10 and 6 out of 10 on 08-31-2015. The treating physician indicates that the injured worker had continued to report substantial benefit from the medications; there was no evidence of drug abuse or diversions; and no aberrant behavior. It was noted that the injured had no side effects, and no complications with use of medication; and the injured worker was on the lowest effective dosing, with about 90% improvement in pain. It was also noted that the injured worker attempted to wean the medications, but had increased pain, suffering, and decreased functional capacity. The treating physician noted that the urine drug screen on 02-16-2015 was within normal limits. The objective findings include a stable gait; normal muscle tone; right shoulder flexion at 90 degrees; right shoulder abduction at 160 degrees; right shoulder external rotation at 60 degrees;

right shoulder internal rotation at 25 degrees; tenderness to palpation in the right anterior joint space and the deltoid insertion point; positive right impingement sign, which had increased with the potential for instability; decreased light touch sensation at L4, L5, and S1 dermatome bilaterally; pain to palpation over the C2-3, C3-4, and C4-5 facet capsules; bilateral, secondary myofascial pain with triggering and ropey fibrotic banding; pain with rotational extension of the cervical spine; negative Spurling's maneuver; positive right pelvic thrust; and positive right FABER maneuver. The notes state that the patient is working full time. The treatment plan included Norco 10-325mg, one tablet every four hours.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #180: Overturned**

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

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

**Decision rationale:** Norco 10/325mg #180 is an opioid analgesic. Criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition according to the cited guidelines short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The diagnoses include cervical strain with radicular pain, right sternoclavicular joint dislocation, humerus fracture, status post arthroscopic subacromial decompression and debridement of the right shoulder on 6/17/11, and lumbosacral strain with radicular pain. The progress report dated 09-22-2015 indicates that the injured worker had radicular pain in the right and left leg, radicular pain in the right and left arm. The treating physician indicates that the injured worker had continued to report substantial benefit from the medications; there was no evidence of drug abuse or diversions; and no aberrant behavior. It was noted that the injured had no side effects, and no complications with use of medication; and the injured worker was on the lowest effective dosing, with about 90% improvement in pain. The notes also stated that he was working full time. It was also noted that the injured worker attempted to wean the medications, but had increased pain, suffering, and decreased functional capacity. The treating physician noted that the urine drug screen on 02-16-2015 was within normal limits. The objective findings include positive right impingement sign, decreased light touch sensation at L4, L5, and S1 dermatome bilaterally; pain to palpation; positive right pelvic thrust; and positive right FABER maneuver. Therefore the patient has chronic pain along with significant abnormal objective findings. The patient is already on non-opioid medications including a NSAID and an antidepressant for chronic pain. This medication is deemed medically appropriate and necessary to treat exacerbations of the pain on an as needed/prn basis. The request of the medication Norco 10/325mg #180 is medically necessary and appropriate in this patient.