

<b>Case Number:</b>	CM15-0209094		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/18/2010
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: New Jersey, New York  
 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 51-year-old female who sustained an industrial injury on 12-18-2010 and has been treated for lumbar and cervical radiculopathy, lumbar disc displacement and facet arthropathy, cubital tunnel syndrome, chronic pain, and he is status post left shoulder surgery. In the most current medical record provided dated 4-27-2015, the injured worker presented with neck pain radiating down both upper extremities aggravated with activity and walking; constant "sharp" low back pain radiating into both lower extremities also aggravated by activity and walking, bilateral hand and foot pain, and "ongoing" headaches. Pain at that visit was rated to be 9 out of 10 on average with medication, and 10 out of 10 without. Activities of daily living including personal care, activity, walking, hand function, sleep, and sex were noted to be limited due to pain. Objective evaluation revealed cervical muscle spasm and tenderness with palpation, limited range of motion "due to pain", and decreased sensation in the bilateral upper extremities. Lumbar spine noted spasm, tenderness upon palpation, and limited range of motion also noted as secondary to pain. Straight leg raise at 90 degrees in a sitting position was negative bilaterally. The left posterior shoulder showed tenderness with palpation and decreased range of motion "due to pain." Tenel's sign was positive on the left and Phalen's positive bilaterally. Documented treatment includes transforaminal epidural steroid injection 3-20-2015 with 50-80 percent improvement in functioning, a cervical epidural on 1-15-2015 stated to reduce pain and improve mobility and functioning for at least three months; Toradol-B12 injection with pain relief; TENS unit for at least 2.5 years, home exercise, and medication including MSContin and Hydrocodone "for chronic pain." The physician noted that pain relief occurred within one hour and lasted for two hours, improving mood and reading. She was also being treated with Lyrica,

Ambien, Colace, Ranitidine, and Lidocaine ointment. The injured worker is stated to be "compliant" with medication and without adverse side effects, is periodically provided with urine drug testing, CURES reporting is monitored, and a pain contract is noted to be on file. The treating physician's plan of care includes a request submitted 10-7-2015 for Norco 10-325 mg #90 which was denied on 10-15-2015, but with one month supply allowed "for drug weaning." She had been prescribed Norco since at least 3-2015. The injured worker was not working as of the 4-27-2015 note.

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

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

**Norco 10/325 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for an extended amount of time without documentation of significant improvement in pain or function. There is no documentation of all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There were no goals of care documented. Because of these reasons, the request for Norco is considered medically unnecessary.