

<b>Case Number:</b>	CM15-0209095		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/24/2015
<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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55-year-old male who sustained an industrial injury on 8-1-12. A review of the medical records indicates he is undergoing treatment for cervical disc displacement and rotator cuff tear. Medical records (7-22-15, 8-12-15, 9-2-15, and 9-23-15) indicate ongoing complaints of neck, left shoulder, and low back pain. Numbness and tingling is associated with his low back pain. He also complains of difficulty swallowing. His left shoulder pain is noted to radiate to the elbow. His pain rating has been "7-9 out of 10." Many of the medical records are hand-written and illegible. The physical exam (9-2-15) reveals a decreased mood. Trigger points are noted on the left side in the (illegible) and trapezius. The cervical spine is noted to be tender to palpation. Diagnostic studies have included x-rays of the cervical spine and an MRI of the left shoulder. Treatment has included a home exercise program and medications. His medications include Norco, Robaxin, and Voltaren. He has been receiving Norco since, at least, 3-18-15. The utilization review (9-24-15) includes a request for authorization of Norco 10- 325mg #90. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for One (1) prescription of Norco 10/325mg #90 is not medically necessary.