

<b>Case Number:</b>	CM15-0023464		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 28-year-old female who reported injury on 10/01/2011. The mechanism of injury was not provided. The diagnoses included cervical disc degeneration, cervicalgia, cervical radiculitis, supraspinatus sprain, and shoulder bursitis/tendonitis. The injured worker was noted to be monitored through urine drug screens. The documentation of 01/14/2015 revealed the injured worker had an MRI of the right shoulder. The injured worker's neck was hurting all day long, and the injured worker had mild relief utilizing the Flector patch. With the use of the Flector patch, the injured worker had been able to reduce the amount of Norco from 4 per day to 2 per day. The objective examination revealed the injured worker had positive tenderness to palpation in the cervical spine over the posterior muscles on the right side. The injured worker had a positive Neer and Hawkins, and painful push off. The injured worker had positive tenderness to palpation in the right shoulder. The injured worker had an MR arthrogram that was consistent with an old capsular injury. The treatment plan included Norco 10, 120, a 6 week supply, half 1 every 6 hours as needed. Additionally, the treatment plan included water based physical therapy and walking. The injured worker's pain level with medication was 3/10 to 4/10, and without medication, was 7/10 to 9/10. With medications, the injured worker could perform light housework and run errands, and without medication, the injured worker was sedentary and sat in a recliner. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10, 120; 6 week supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.dea.gov/index.shtml>.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. On October 6, 2014, a Drug Enforcement Administration (DEA) decision to restrict access to hydrocodone combination pain relievers (HCPs) went into effect. Medications like Lortab, Norco, Vicodin and generic formulations have been moved from Schedule III to Schedule II and cannot be written for more than a 30 day supply. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review; however, failed to support a necessity for a 6 week supply. Additionally, the request as submitted failed to notate the medication was in mg; however, this was not a basis for denial. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10, 120, 6 week supply is not medically necessary.