

<b>Case Number:</b>	CM15-0215491		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	10/14/2000
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: North Carolina

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 49-year-old female, with a reported date of injury of 10-14-2000. The diagnoses include chronic neck pain secondary to cervical degenerative disc disease; status post left shoulder decompression surgery secondary to rotator cuff tear; status post bilateral ulnar nerve transposition; status post bilateral carpal tunnel surgery; severe neuropathic pain; opioid dependence; history of de Quervain's syndrome in the left wrist; and chronic pain syndrome. The progress report dated 09-23-2015 indicates that the injured worker was there for routine follow-up for chronic neck and shoulder pain. It was noted that she still had headaches and burning pain from the neck to the shoulder, in which the MS Contin, Norco, Cymbalta, and Soma were effective. There was documentation that there was no constipation, over-sedation, drowsiness, or dizziness. The treating physician stated that the injured worker denied aberrant behavior. The pain was described as tight, achy, and burning. At its worst, the injured worker's pain was rated 8 out of 10; and at its best, the pain was rated 4 out of 10 (08-24-2015 and 09-23-2015). Push and pull activities such as vacuuming and washing dishes exacerbated the shoulder and neck pain, which lead to the headache pain. It was also note that the pain was exacerbated by stress and anxiety. The objective findings include multiple surgical scars on the upper extremities and left shoulder; tenderness to palpation and taut palpable bands over the cervical paraspinals and trapezius with multiple trigger points; normal cervical spine range of motion; limited left shoulder range of motion; and positive Hawkin's test. The treating physician stated that "Over the past 10 years, she has significantly reduced narcotic doses". It was noted that the injured worker had decreased her MS Contin and was agreeable to decrease Norco. The injured worker's

work status was not indicated. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included MS Contin (since at least 03-2015), Norco (since at least 03-2015), Soma, Cymbalta, behavioral medicine, Saphris, Nuvigil, Sevela, Buspar, Klonopin, Ambien, H-wave unit, ice packs, moist heat, stretching, and trigger point injections. The treating physician requested Norco 7.5-325mg #110 and MS Contin 30mg #90. On 10-02-2015, Utilization Review (UR) non-certified the request for Norco 7.5-325mg #110 and MS Contin 30mg #90.

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

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

**Norco 7.5/325 mg #110:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The California MTUS states: When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

**MS Contin 30 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The California MTUS states: When to Continue Opioids(a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.