

<b>Case Number:</b>	CM15-0216019		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	08/28/1997
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/27/2015
<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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 71 year old female who sustained an industrial injury on 08-28-1997. A review of the medical records indicated that the injured worker is undergoing treatment for brachial plexopathy, cervicgia and Reflex Sympathetic Dystrophy Syndrome (RSD) of the upper limb. The injured worker is status post clavicular repair surgery (no date or procedure documented). According to the treating physician's progress report on 10-15-2015, the injured worker continues to experience bilateral upper extremity pain, left clavicular pain and increased neck pain with spasm rated at 10 out of 10 on the pain scale at the office visit. The injured worker rated her pain at 2 out of 10 with medications and 10 out of 10 on the pain scale without medications. Examination of the cervical spine demonstrated tenderness to palpation at C5-C6, taut sternocleidomastoid muscle with decreased range of motion and bilateral negative Spurling's. There was decreased sensation to light touch in the bilateral upper extremities. Deep tendon reflexes and pulses in the upper extremities were intact. Prior treatments have included diagnostic testing, acupuncture therapy, physical therapy, biofeedback, home exercise program, left sternocleidomastoid muscle trigger point injection in 07-2014 and on 10-15-2015 at the office visit and medications. Current medications were listed as Kadian XR 10mg every 12 hours, Morphine Sulfate ER 15mg every 12 hours, Norco 10mg-325mg once a day (since at least 04-2015), Celexa, Colace, Neuropath-B tablets and topical ointments. Treatment plan consists of continuing home exercise program, moist heat, ice, discontinue Kadian, start Morphine Sulfate IR 15mg and the current request for Norco 10mg-325mg #30. On 10-27-2015, the Utilization Review determined the request for Norco 10mg-325mg #30 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Weaning, scheduled medications (general guidelines).

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. In addition, the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines, Norco, as written above, is not medically necessary for the patient at this time.