

<b>Case Number:</b>	CM15-0219544		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	07/21/2008
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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  
 Certification(s)/Specialty: Emergency 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, female who sustained a work related injury on 7-21-08. A review of the medical records shows she is being treated for neck, left shoulder and low back pain. In the progress notes dated 8-5-15 and 9-8-15, the injured worker reports neck pain that radiates to the left occiput. She reports intermittent numbness and tingling affecting left arm, forearm and fingers. She reports constant left shoulder pain. She reports constant low back pain. She rates this pain an 8 out of 10. She reports pain radiating down left leg. She reports "improvement in pain and function with use of her medications." She reports using Norco 2-3 times a day with "some benefits and functional improvements with use of Norco without significant adverse side effects." Upon physical exam dated 9-8-15, she has tenderness over left posterior cervical paraspinal muscles. She has limited range of motion in left shoulder. She has tenderness over lumbar paraspinal muscles, worse on left side. Treatments have included TENS unit therapy, medications, left shoulder surgery, physical therapy to left shoulder, and a lumbar epidural steroid injection. Current medications include Norco, Lexapro and Cyclobenzaprine. She is not working. The treatment plan includes requests for Norco and Lexapro. The Request for Authorization dated 8-14-15 has requests for Norco and Lexapro. In the Utilization Review dated 10-28-15, the requested treatment of Norco 10-325mg. #90 is not medically necessary. A letter of denial dated 11/20/15 was received and reviewed.

### 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, 1 by mouth 3 times daily as needed for pain: 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, Opioids for chronic pain.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation despite letter of appeal continues to fails criteria. It is unclear as to why provider continues to fail to document objective documentation of pain reduction or objective measure in functional improvement. Letter of appeal continues to document subjective claims of improvement only which does not meet MTUS guidelines. While letter of appeal documents appropriate pain contract and urine drug screen and monitoring of side effects, the lack of documentation of objective benefit does not support request for norco. The request is not medically necessary.