

<b>Case Number:</b>	CM15-0227346		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	05/17/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: 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 69-year-old female who sustained an industrial injury on 5-17-2004 and has been treated for chronic pain syndrome; shoulder, scapula, and clavicle pain; and shoulder myofasciitis. A diagnostic MRI is stated in the physician's note to have shown "rotator cuff pathology." On 11-9-2015, the injured worker reported hand, arm, wrist, and neck pain. Objective findings include tenderness in bilateral trapezii, no dysdiadokinesia, tenderness and painful bicep with left being worse, spasm, and crepitus with range of motion. Documented treatment includes brace; trigger point injections "success again noted," and stated to increase activities of daily living; heat; ice; "cream"; "patch"; and, Norco with which the physician states she is "complaint, and fills only as needed." She has been treated with Norco since at least 6-2015. Urine drug testing or opioid contract is not evidenced in the provided documents. The treating physician's plan of care includes Norco 10-325 mg #120 that was modified to #30 on 11-13-2015. Current work status is retired.

### 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 120:** Upheld

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

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

**Decision rationale:** The current request is for Norco 10/325 mg qty 120. Treatment history includes physical therapy, trigger point injection, icing, brace, and medications. The patient is retired. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 11/09/15, the patient presents with chronic hand, arm, wrist, and neck pain. Objective findings include tenderness in the bilateral trapezii, tenderness and painful bicep, muscle spasms, and crepitus with range of motion. The treater recommended a refill of Norco. The patient has been prescribed Norco since at least 06/10/15. Reports note that the patient is "compliant with her medication of Norco #30." Report 09/15/15 states "Norco, brace, injections help." There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.