

<b>Case Number:</b>	CM15-0032728		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	04/28/1998
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57 year old female, who sustained an industrial injury reported on 4/28/1998. She has reported functional pain relief, 50%, to the bilateral shoulders, right greater than left and rated as a 4/10, with her current medication regimen. The diagnoses were noted to include shoulder impingement syndrome, right; chronic pain; fibromyalgia; cervical radiculopathy; bilateral carpal tunnel syndrome and occipital neuralgia. There are additional diagnoses of anxiety, depression and memory difficulty. Treatments to date have included consultations injection therapy; home exercise program; and medication management. The medications listed are Norco, Effexor, Protonix, Docusate and Relpax. The 1/2/2015 pain management PR-2 notes there were objective findings of positive Neer's test and tenderness of the cervical and lumbar paraspinal muscles. The medications recommended included Norco 10/325mg, 1 by mouth every 4 hours as needed for a maximum of 4 pill a day, #120 with no refills. On 2/9/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 2/5/2015, for Norco 10/325mg #120 - to #25. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioid use for chronic pain, ongoing management of opioids and weaning, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The guidelines require documentation of compliance monitoring including serial UDS, absence of aberrant behaviors and functional restoration. The use of non opioid co-analgesic medication such as gabapentin is recommended as first line medications in chronic pain patients with co-existing psychosomatic and mood disorder. The records indicate that the patient had significant history of anxiety, depression, mood disorder, memory loss and dizziness. These symptoms are further complicated by the utilization of opioids. The criteria for the use of Norco 10/325mg #120 were not met.