

<b>Case Number:</b>	CM15-0034591		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	01/28/2004
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56-year-old female, who sustained an industrial injury on 1/28/2014. She was diagnosed as having left lumbar radiculopathy exacerbation with chronic lumbar strain, cervical strain, right greater than left, with right cervical radiculopathy, bilateral wrist and hand pain with pain/paresthesia with clinical and electrodiagnostic bilateral carpal tunnel syndrome, bilateral shoulder strain with impingement status post right shoulder surgery (4/22/2009), thoracic outlet syndrome, and bilateral ankle/feet strain. Treatment to date has included magnetic resonance imaging (MRI), medications, work restrictions, EMG (electromyography)/NCS (nerve conduction studies) of the upper extremities, injections, home exercise and stretching. Per the Primary Treating Physician's Progress Report dated 12/05/2014, the injured worker reported bilateral upper extremity pain rated as 7-8/10, lumbar spine discomfort rated as 6/10, and cervical spine discomfort rated as 8/10. Physical examination revealed tenderness at the medial patellar region of the right knee. There was lumbar spine spasm, greater on the right, with restricted range of motion to the lumbar spine. There was tenderness to both shoulders, right more than left with positive impingement signs bilaterally. Crepitation is heard upon range of motion in the right shoulder. There was restricted range of motion in both shoulders. There was tenderness of the lateral and anterior ankle more on the right than left. Cervical spine exam showed paracervical muscle spasm more on the right than left with reduced range of motion and a positive Spurling's sign. There was tenderness to palpation of the dorsum of the wrist and later wrist on the left as compared to the right. Tinel's sign is positive on the left more than right and Phalen's sign is positive on the left at 20 seconds and right at 30 seconds. The plan of care

included: medication management, EMG/NCV of the upper extremities, MRI, and follow-up care. Authorization was requested for Norco 10/325mg #180.

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

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco is not medically necessary.