

<b>Case Number:</b>	CM15-0035819		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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, Hawaii  
 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 58 year old male, who sustained an industrial injury on 5/20/2011. He reports injury to bilateral shoulder due to steering a truck and continuous driving. Diagnoses include cervical spinal stenosis and cervical radiculopathy. Treatments to date include 12 sessions of physical therapy, cervical traction, epidural steroid injection and medication management. A progress note from the treating provider dated 1/5/2015 indicates the injured worker reported neck and bilateral shoulder pain and parasthesias down the left arm, low back pain and left leg pain. On 2/2/2015, Utilization Review non-certified the request for Norco 10/325 mg #60, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines when to continue opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with injury to bilateral shoulder due to steering a truck and continuous driving. The current request is for Norco 10/325 #60. The treating physician states, in a report dated 01/05/15, Cont Norco prn. The MTUS guidelines state: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the MTUS requirements for documentation of the 4 As have not been documented. There are no before and after pain scales with opioid usage. There is no documentation of the positive effects of opioid usage on activities of daily living and the treating physician fails to discuss aberrant behaviors or CURES. Additionally, the UR report dated 02/02/15 notes that the Norco was recently approved for tapering off over a month. The current request is not medically necessary and the recommendation is for denial.