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| <b>Case Number:</b>   | CM15-0041507 |                              |            |
| <b>Date Assigned:</b> | 03/11/2015   | <b>Date of Injury:</b>       | 03/22/2004 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 02/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/04/2015 |

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 female who sustained an industrial injury on 03/22/2004. She was injured when she fell and hit her head and neck of the counter. Diagnoses include cervical pain with cervical degenerative disease, chronic thoracic myofascial pain, chronic lumbar back pain, rule out herniated disk and/or spinal stenosis, chronic bilateral shoulder tendinitis with acute right shoulder rotator cuff tear, chronic bilateral carpal tunnel syndrome, chronic polyarthralgias, and severe migraines-responsive to Triptans in the past, and depression secondary to industrial injury. Treatment to date has included medications, physical therapy, neck and back injections, and a right shoulder cortisone injection. A physician progress note dated 02/03/2015 documents the injured worker continues to have pain in her neck and both shoulders, along with pain in her upper and lower back. She is still having severe migraine headaches. She has numbness in her legs and pain radiating into both legs. Shoulder range of motion is limited. She has tenderness to palpation to the right shoulder, biceps, and lower arm and right hand. There is paracervical tenderness from C2 to C7-T1. There is parathoracic tenderness from T1 to T12-L1 and from L1 to L5-S1 with hypersensitivity on the lumbar spine and the sacroiliac area bilaterally and bilaterally in the trochanteric area. Treatment requested is for Norco 10/325 mg, 180 count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 180 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents any functional improvement. There is a signed opioid contract and the record states that there are no aberrant behaviors. However, I note that there has been an escalation in use from three Norco 5-325 daily to six Norco 10/325 daily over the past couple of years without this escalation being addressed in the record. None of the pain response forms or functional assessments address the rationale for this increase, which represent a doubling of the MED of the Norco from 45 to 90. Without an adequate explanation for this escalation in medication use, the record does not support medical necessity of ongoing opioid therapy with Norco.