

<b>Case Number:</b>	CM15-0045603		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 41-year-old female who sustained an industrial injury on 6/14/10 from a slip and fall, falling backwards, striking her head with loss of consciousness. She had pain in her left knee, left hip, right shoulder with aggravated pain in the neck and lower back. Of note, on 2/22/10 she had an injury where she struck her head but did not lose consciousness. She complained of increased back pain extending to bilateral lower extremities and after lumbar epidural steroid injection reported a 50-60% benefit that lasted for 2 weeks per progress note 1/30/15. She has limited lumbar spine range of motion. Medications include Norco. Diagnoses include cervicothoracic musculoligamentous sprain/ strain with right upper extremity radiculitis; right sided disc protrusion; lumbar musculoligamentous sprain/ strain with left lower extremity radiculitis; left ankle medial ligamentous sprain/ strain; post traumatic headaches; sleep difficulties; right shoulder periscapular strain; right shoulder arthroscopy (3/20/13). Treatments to date included x-rays, injections, physical therapy with some relief of symptoms, epidural steroid injection to the lumbar spine (12/12/14), activity modification. Diagnostics include MRI cervical spine (4/11/12); lumbar MRI (5/29/14); right shoulder MR arthrogram (4/9/12). In the progress note dated 3/3/15 the treating provider is requesting reconsideration of Norco as the injured worker exhibits severe to moderate pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Norco 10/325mg, #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

**Decision rationale:** ODG guidelines support opioids for patients with persistent pain with functional gain demonstrated from use of opioids. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The medical records provided for review do document ongoing functional benefit related to the therapy and indicate ongoing opioid mitigation process. As such, the medical records provided for review do support ongoing use of opioids.