

<b>Case Number:</b>	CM15-0059433		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 51 year old female, who sustained an industrial injury on 03/22/2012. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, nerve blocks, epidural steroid injections, psychiatric therapy and right foot surgery. Currently, the injured worker complains of constant cervical spine pain with radiation to the bilateral shoulders with associated numbness and tingling in the right upper extremity, and constant lumbar spine pain with radiating into the right lower extremity with numbness and tingling. There was no improvement from the sympathetic block. The diagnoses include cervical spine disc disease, cervical radiculopathy, cervical facet syndrome, right shoulder impingement, lumbar spine disc disease, lumbar radiculopathy, lumbar spine facet syndrome, right sacroiliac joint facet arthropathy, anxiety, depression, status post open reduction internal fixation of the right foot, and right lower extremity complex regional pain syndrome. The treatment plan consisted of medications (including Norco), neurological consultation, continued psychiatric therapy, random urine drug screening and follow-up. The medications listed are Norco, Elavil, Neurontin, Valium, Prozac and Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg q 4-6 hrs #180 MED is 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95 & 124.

**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 standard treatments with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with other sedative medications. The records indicate that the patient is utilizing Norco with multiple psychiatric and sedative medications concurrently. There is no documentation of the guidelines required compliance monitoring of serial UDS, CURES data checks, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 10/325mg #180 was not met and is not medically necessary.