

<b>Case Number:</b>	CM15-0082309		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	12/05/2009
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Connecticut, California, Virginia

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 46 year old female, who sustained an industrial injury on 12/5/2009. The current diagnoses are neck pain, cervical degenerative disc disease, cervical spondylosis, cervical disc herniation at C3-4, and cervical spinal stenosis, low back pain, lumbar disc pain, and L5-S1 radiculopathies, bilateral carpal tunnel syndrome, and bilateral shoulder pain, rule out impingement. According to the progress report dated 4/2/2015, the injured worker complains of neck and right shoulder pain, bilateral hip pain, left greater than right, trouble sleeping, numbness in the last two digits of the left/right hands. The pain was not rated. The physical examination reveals limited range of motion of the cervical spine. There is tenderness in the bilateral acromioclavicular joints and mild tenderness on both biceps tendons. Hawk's test is mildly positive bilaterally. There is a mildly positive straight raise leg test on the left. Sensation is decreased to light touch on the left L5 and S1 dermatomal distribution. The current medications are Norco. The last urine toxicology testing was performed on 2/4/2015, and the results were consistent with the Hydrocodone that she is being prescribed. Treatment to date has included medication management, MRI studies, physical therapy, massage, acupuncture, chiropractic, electrodiagnostic testing, and cervical epidural steroid injections. The plan of care includes prescription refill for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #120:** 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 rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has a multitude of medical issues warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case and lack of objective evidence of functional improvement with chronic treatment, the request for Norco is not considered medically necessary.