

<b>Case Number:</b>	CM15-0082351		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	08/04/1989
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/17/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old male who sustained an industrial injury on August 4, 1989. He has reported left wrist and hand pain and has been diagnosed with shoulder joint pain, lumbago, cervical degenerative disc disease, lumbar degenerative disc disease, lumbar facet arthropathy, cervicalgia, and sciatica. Treatment has included medications, physical therapy, and injections. Currently the injured worker had tenderness to the low back with decreased range of motion. There was positive Tinel's sign at the left wrist. The left shoulder showed decreased range of motion. The treatment request included Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in 1989 and continues to be treated for chronic pain. When seen, he had decreased cervical spine and left shoulder range of motion. There was shoulder crepitus and tenderness. There was a positive left Tinel's sign at the wrist and elbow. He had decreased and painful thoracolumbar range of motion with tenderness and positive straight leg raising. Medications were referenced as decreasing pain from 7/10 to 5/10. Norco and Fentanyl were being prescribed at a total MED (morphine equivalent dose) of 140 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level and the level of pain control being achieved appears marginal. Therefore, continuation of Norco at this dose was not medically necessary.