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| <b>Case Number:</b>   | CM15-0084146 |                              |            |
| <b>Date Assigned:</b> | 05/06/2015   | <b>Date of Injury:</b>       | 08/10/2012 |
| <b>Decision Date:</b> | 06/08/2015   | <b>UR Denial Date:</b>       | 04/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/01/2015 |

### 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: Pennsylvania  
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 40 year old male, who sustained an industrial injury on 8/10/12. The diagnoses have included cervicobrachial syndrome, rotator cuff impingement tendonitis, rotator cuff syndrome bursitis, and chronic low back pain. Treatment to date has included medications, diagnostics, pain management and home exercise program (HEP). Currently, as per the physician progress note dated 3/9/15, the injured worker complains of ongoing pain in the neck, back and right shoulder that radiates down into the back, shoulder and arm. He rates the pain 8/10 on pain scale which is unchanged from previous visits. The pain is relieved with heat and medications. He reports that associated symptoms include numbness and tingling, spasms, locking and weakness. He also reports difficulty with sleeping due to pain and spasms. The objective findings revealed there were trigger points palpated in the neck area, decreased range of motion of the shoulders bilaterally due to pain, and positive orthopedic tests in the shoulders bilaterally. The current medications included Norco and Docusate sodium. Work status is temporary totally disabled until next appointment. The physician requested treatments included Norco 10/325mg #75 DOS 3/9/15 and Norco 10/325mg #75 DOS 4/6/15 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #75 DOS 3/9/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. Although a quantifiable reduction in pain in response to opioids has been documented, there is no documented improvement in function in response to opioids. There is also no discussion of the presence or absence of aberrant behavior or adverse effects in regards to opioid use. Therefore the continued prescription of Norco is not medically necessary and appropriate.

**Norco 10/325mg #75 DOS 4/6/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. Although a quantifiable reduction in pain in response to opioids has been documented, there is no documented improvement in function in response to opioids. There is also no discussion of the presence or absence of aberrant behavior or adverse effects in regards to opioid use. Therefore the continued prescription of Norco is not medically necessary and appropriate.

