

<b>Case Number:</b>	CM15-0085208		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 71 year old female, who sustained an industrial injury on 6/29/2000. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include low back pain with left leg symptoms, lumbar disc herniation, bilateral shoulder pain, status post bilateral shoulder decompressions, left knee pain with degenerative joint disease, bilateral chronic medial and lateral epicondylitis, and bilateral wrist tendinitis. Treatments to date include medication therapy, epidural injections, and cortisone joint injections. On 2/9/15, the injured worker complained of increased pain in the shoulders and low back. She rated the pain 8/10 VAS, at best 4/10 VAS and without medication rated pain 10/10 VAS. the provider discontinued a prescription of Tylenol #3 and initiated Norco 10/325mg one tablet twice a day. Currently, she complained of increased left shoulder pain and worsening left leg symptoms. The pain was rated 9/10 VAS that day, at best rated 4/10 VAS and without medications rated pain 10/10 VAS. She reported not being able to sleep on the left shoulder due to pain. She was requesting a shoulder joint injection on that date. On 3/23/15, the physical examination documented bilateral shoulder tenderness, positive impingement signs, crepitus and decreased range of motion. A steroid injection to the left shoulder was administered. The plan of care included Norco 10/325mg, quantity #60. The appeal request indicated that the mediation was necessary for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are tendinitis left shoulder; chronic back pain; left knee pain with degenerative joint disease, stable; history bilateral elbow pain with chronic medial and lateral epicondylitis; and history chronic tendinitis and the wrists. Medical record and gave 18 pages. A progress note dated December 13, 2014 shows the injured worker was taking Tylenol codeine. The VAS pain scale at that time was 8-9/10. A progress note dated February 9, 2015 shows the treating provider changed Tylenol with Codeine to Norco 10/325 mg. There was no clinical rationale in the medical record for the change from Tylenol with Codeine to Norco. The VAS pain scale was 8/10. The injured worker was also taking Celebrex and Neurontin. Request for authorization (RFA) was dated February 23, 2015 for Norco 10/325 mg #60. There is no documentation indicating objective functional improvement. This is further supported by the persistently elevated VAS pain scales 8/10. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. The treating provider discussed urine drug screens and a narcotic contract, but did not document these findings in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement and persistently elevated subjective VAS pain scores, Norco 10/325mg # 60 is not medically necessary.