

<b>Case Number:</b>	CM15-0085314		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	09/07/2004
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/24/2015
<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  
 Certification(s)/Specialty: Emergency 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 50 year old female who sustained an industrial injury on 09/07/2004. The injured worker was diagnosed with left shoulder impingement syndrome, left cervical strain, mild cervical degenerative disc disease, bilateral lateral epicondylitis, left carpal and cubital tunnel syndrome by examination and possible complex regional pain syndrome. The injured worker is status post left rotator cuff repair (no date documented). Treatment to date includes diagnostic testing, remote surgery, physical therapy, H-wave unit and medications. According to the primary treating physician's progress report on April 1, 2015, the injured worker continues to experience neck and left shoulder pain with numbness and heaviness in her left arm. The injured worker rates her pain level at 5/10 with medications and 8/10 without medications. Examination of the head and neck demonstrated hyperesthesia on the left side of her face into the neck and trapezial area. Bilateral impingement signs were noted in both shoulders with decreased range of motion (left worse than right) and hyperesthesia. Left elbow examination demonstrated tenderness at the lateral epicondyle with positive Tinel's at the left cubital tunnel. There was noted diffuse tenderness to palpation over the right forearm at the radial aspect. The left wrist was positive for Tinel's, Phalen's and Finkelstein's test with tenderness to palpation throughout the palmar and dorsal aspects of the left wrist. Range of motion of the left wrist was moderately reduced in all planes. The injured worker is deemed permanent & stationary. Current medications are listed as Norco, Lyrica, Zoloft, and Flexeril. Treatment plan consists of urine drug screening and continue with medication regimen and the current request for Norco renewal.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg # 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 10/325mg # 180 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck and left shoulder pain with numbness and heaviness in her left arm. The injured worker rates her pain level at 5/10 with medications and 8/10 without medications. Examination of the head and neck demonstrated hyperesthesia on the left side of her face into the neck and trapezial area. Bilateral impingement signs were noted in both shoulders with decreased range of motion (left worse than right) and hyperesthesia. Left elbow examination demonstrated tenderness at the lateral epicondyle with positive Tinel's at the left cubital tunnel. There was noted diffuse tenderness to palpation over the right forearm at the radial aspect. The left wrist was positive for Tinel's, Phalen's and Finkelstein's test with tenderness to palpation throughout the palmar and dorsal aspects of the left wrist. Range of motion of the left wrist was moderately reduced in all planes. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met. Norco 10/325mg # 180 is not medically necessary.