

<b>Case Number:</b>	CM15-0087103		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 60 year old male, who sustained an industrial injury on 3/1/2013. Diagnoses have included sleep disturbance, sprain of ribs, thoracic spine disc protrusion, bilateral carpal tunnel syndrome and discogenic low back pain. Treatment to date has included right carpal tunnel release surgery, thoracic facet blocks and medication. According to the progress report dated 3/18/2015, the injured worker complained of occasional pain in his left wrist rated 4/10 along with tingling. He complained of constant neck pain rated 8/10; he noted that his pain was worsening. He complained of constant low back pain rated 9/10 along with numbness and tingling in the left lower extremity. He also complained of constant pain in his right rib cage rated 7/10. He complained of difficulty sleeping due to pain. Exam of the thoracic spine revealed mild paraspinal tenderness and spasms bilaterally. Exam of the lumbar spine revealed tenderness to palpation and positive straight leg raise test bilaterally. There was tenderness to palpation of both wrists. The injured worker was temporarily totally disabled. Authorization was requested for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**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 # 120 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 sleep disturbance; hypertension; sprain of ribs; T spine 4 - 5 mm disc protrusion; thoracic 5mm disc protrusion T8 - T9; carpal tunnel syndrome bilateral; discogenic low back pain; and status post left carpal release. The documentation from an October 21, 2014 progress note shows Norco 10/325 mg was refilled. The documentation does not state the exact start date for Norco. A urine drug toxicology screen was inconsistent dated December 7, 2014. The urine drug screen contained hydrocodone and hydromorphone. The injured worker was reportedly taking only hydrocodone. According to a January 21, 2015 and March 18, 2015 progress note, the VAS pain scales increased on the latter date. There was no documentation evidencing objective functional improvement to support ongoing Norco 10/325 mg. There was no attempt at weaning Norco. The utilization review indicated Norco was denied based on a lack of objective functional improvement. There were no risk assessments in the medical record and no detailed pain assessments in the medical record. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, risk assessments, detailed pain assessments and evidence of an attempt to wean Norco 10/325 mg, Norco 10/325mg # 120 is not medically necessary.