

<b>Case Number:</b>	CM15-0087837		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Physical Medicine & Rehabilitation

### 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 45 year old male with an industrial injury dated 5/03/2011. The injured worker's diagnoses include chronic myofascial pain syndrome, cervical and thoracolumbar spine moderate to severe, left L4-5 and S1 radiculopathy, pain and numbness of the left arm due to cervical radiculopathy versus brachial plexus injury, status post arthroscopic surgery of the left knee and chronic insomnia and major depression. Treatment consisted of cervical and lumbar Magnetic Resonance Imaging (MRI), Electromyography (EMG), urine drug screening, prescribed medications, epidural steroid injections to cervical and lumbar spine and periodic follow up visits. In a progress note dated 3/30/2015, the injured worker reported constant pain in his right shoulder and left knee rated an 8-9/10 without medications. The injured worker also reported constant upper and lower back pain with 60-70% improvement in pain and function with current medications. The injured worker rated pain level a 2-3/10 with medications. Objective findings revealed restricted range of motion of the cervical, thoracic and lumbar spine. The treating physician also reported multiple myofascial trigger points and taut bands, moderately decrease right shoulder range of motion, decreased sensation in the left thigh, left calf and left knee and decrease dorsiflexion of the left foot. Treatment plan consisted of medication management. The treating physician prescribed services for Norco 10/325 mg #180 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Opioids.

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325 mg Qty 180 is not medically necessary and appropriate.