

<b>Case Number:</b>	CM14-0110338		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32-year-old female who reported an industrial injury on 3/18/2010, 4 years ago, attributed to the performance of her usual and customary job tasks when she reportedly felt a pop in the left upper extremity while breaking down boxes. Patient was diagnosed with CRPS of the left upper extremity and has had a spinal cord stimulator removed. The patient was status post left shoulder subacromial decompression Mumford procedure and distal clavicle resection on 7/19/2010. The patient has been treated with medications, physical therapy, corticosteroid injections, acupuncture, cervical epidural steroid injections, and stellate ganglion blocks. The patient has been provided with a prior prescription of Norco in order to wean off opioids. The objective findings on examination included normal gait and heel toe walk; restricted cervical spine range of motion; tenderness to palpation of the anterior joint capsulitis of the left shoulder at the biceps insertion; decreased range of motion to the left shoulder; sensation was decreased in the ulnar nerve on the left; trigger finger on the fourth and fifth digits; decreased grip strength; decreased left upper extremity muscle strength. The patient was to continue on current medications. The patient was prescribed Ambien 10 mg; Elavil 25 mg; Norco 10/325 mg #60; and Fioricet #60. It was a request for electrodiagnostic studies to the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): Pages 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

**Decision rationale:** The prescription for Hydrocodone-APAP (Norco) 10/325 mg #60 for short-acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the neck and upper extremity for the date of injury for a half years ago for the diagnosed underlying cervical and upper extremity pain along with s/p arthroscopy to the shoulder with repair. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The request for Norco 10/325 mg #60 is not medically necessary.