

<b>Case Number:</b>	CM14-0182915		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 55 year old female with an injury date of 04/06/10. Based on the 06/02/14 progress report provided by treating physician, the patient complains of neck pain rated 7/10 that radiates down her right shoulder and right upper extremity, and low back pain that radiates down her right lower extremity. Patient is status post subacromial decompression 04/21/11. Physical examination to the cervical spine revealed tenderness to palpation in the posterior cervical musculature, trapezius, medial scapular and suboccipital region. Range of motion was decreased in the cervical spine and the right shoulder. Examination to the lumbar spine revealed tenderness to palpation to the paravertebral muscles and sciatic notch region. Range of motion was decreased. Straight leg raise test positive bilaterally. Electromyography (EMG) study revealed right carpal tunnel syndrome. Patient medications include Norco, Anaprox DS and Prilosec. Treater states "we routinely review, and the patient must demonstrate, improved functional restoration, ADL's sleep pattern, elevated mood, quality of life and ability to RTW in order to continue each medication..." The patient is routinely monitored for "at risk" behavior with random urine drug screens, CURES, and the patient signed opioid treatment contract. Per progress report dated 09/23/14, patient is temporarily totally disabled. Diagnosis 06/02/14:- cervical discopathy with right upper extremity radiculopathy and associated cervicogenic headaches- lumbar spine myoligamentous injury with right lower extremity radicular symptoms- medication induced gastritis- right shoulder internal derangement, status post subacromial decompression 04/21/11 The utilization review determination being challenged is dated 10/09/14. Treatment reports were provided from 04/22/14 - 09/23/14.

### 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 Criteria for use of opioids Page(s): 78, 88, 89.

**Decision rationale:** The patient presents with neck pain rated 7/10 that radiates down her right shoulder and right upper extremity, and low back pain that radiates down her right lower extremity. The request is for Norco 10/325mg #120. Patient is status post subacromial decompression 04/21/11. Patient's diagnosis dated 06/02/14 included cervical discopathy with right upper extremity radiculopathy and associated cervicogenic headaches, and lumbar spine myoligamentous injury with right lower extremity radicular symptoms. Patient medications include Norco, Anaprox DS and Prilosec. The patient is routinely monitored for "at risk" behavior with random urine drug screens, CURES, and the patient signed opioid treatment contract. Patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily life (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 06/02/14, treater states "we routinely review, and the patient must demonstrate, improved functional restoration, ADL's sleep pattern, elevated mood, quality of life and ability to return to work (RTW) in order to continue each medication..." Treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. The 4A's must be specifically addressed and not just state that they are being addressed. Given the lack of documentation as required by MTUS, the request is not medically necessary.