

<b>Case Number:</b>	CM14-0186589		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/08/2001
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 68-year-old female presenting with a work-related injury on May 8, 2001. On April 15, 2014, the patient complained of multiple chronic pain issues involving her upper extremities and lower extremity. The patient continued to complain of chronic right shoulder pain, right lower extremity shooting and burning pain and left shoulder pain. It was noted in the medical records the patient was admitted to the [REDACTED] detox center on December 2, 2013 and was discharged on January 1, 2014. The patient was able to discontinue the use of Kadian but unable to completely detox off Norco due to severe episodes of breakthrough pain. The patient's medications included Norco 10/325 four per week for severe breakthrough pain, for muscle spasm and cramping, Mirapex for restless leg syndrome, Cymbalta for neuropathic pain, Effexor an antidepressant, Topamax, Amitiza, Laxacin, Buspar, Trazodone, Lidoderm 5 % patch. The physical exam is significant for upper extremity restricted range of motion in both shoulders and upper extremity; tenderness to palpation over the right distal radius; persistent chronic tenderness over the upper thoracic spine radiating into the left chest wall; bilateral paraspinal tenderness at the lumbosacral junction with mild to moderate probable muscle spasm. The patient was diagnosed with history of right metatarsal fracture, lumbar degenerative disc disease, history of two spinal cord stimulator implants, history of right internal derangement, history of left knee patella fracture, and tendinitis bilateral shoulders secondary to use crutches/pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco Tab 10/325mg QTY: Unspecified: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Functional Improvement Measures Page(s): 43, 74, 76, 78,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Norco Tab 10/325mg is not medically necessary. Per page 79 of MTUS Chronic Pain Medical Treatment Guidelines, weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Therefore, the requested Norco is not medically necessary.