

<b>Case Number:</b>	CM14-0214820		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 patient is a 48 year old male with a work injury dated 10/19/12. The diagnoses includes cervical/trapezial musclogamentous sprain/strain with left upper extremity radiculitis and multilevel cervical disc protrusion and root compression on cervical MRI; bilateral shoulder periscapular strain with impingement, tendinitis and bursitis. Under consideration is a request for Norco 5/325mg #60. The documentation indicates that the patient stopped working on 10/9/12 because he was placed on temporary total disability. Per documentation the patient had an inconsistent drug compliance and diversion screen on 2/26/14. The documentation indicates that the patient was refilled Norco 2.5/325mg on 4/14/14. An 11/17/14 progress note indicates that the patient complains of continued left forearm and wrist hypersensitivity, swelling and decreased range of motion. His condition remains the same as last exam. His symptoms are severe with a 10/10 pain level accompanied by weakness, burning, constant dull and sharp pain. On exam his forearm and wrist reveal hypersensitivity, swelling and discoloration. There is hyperhydrosis and temperature changes. There is decreased range of motion. The treatment plan includes a left stellage ganglion block, pending cervical and bilateral shoulder MRI; reill of Norco; continue home exercise program; follow up in 5-6 weeks for spinal cord stimulation vs maximal medical improvement. The patient is on temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 78-8-.

**Decision rationale:** Norco 5/325 mg #60 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. The recent documentation states that his pain level is a 10/10. The documentation indicates that despite prior failed urine toxicology testing opioids were continued to be prescribed which is not recommended per the MTUS. For all of these reasons the request for Norco 5/325mg is not medically necessary.