

<b>Case Number:</b>	CM14-0218098		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/06/1999
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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:

This is a 53 year old male sustained an industrial related injury on 12/06/1999 while crawling under a house. The results of the injury included a ripping sensation to the right shoulder. The initial diagnoses were not provided. Per the most recent progress report (PR) prior to the request (11/20/2014), the injured worker's subjective complaints included neck and left shoulder pain. The injured worker reported "fairly severe" pain in the left shoulder that was described as achy and pops, and severe aching pain in the neck which radiates to both arms and is associated with numbness and tingling. Other complaints included vomiting, headaches, stomach upset, sleepiness and depression. Objective findings included: tenderness in the paracervical muscles bilaterally and in the upper trapezius, moderately limited range of motion in all fields, 2-3+ reflexes of the upper extremities with the left bicep decreased more than the right, a positive Spurling's test on the left, decreased sensation bilaterally in the inner arms, 5-/5 strength bilaterally, a negative Hoffman's sign, and Clonus is 2 beats bilaterally. The injured worker had been approved for a cervical fusion surgery and was awaiting a scheduled date. Current diagnoses included cervical neck pain with evidence of disc disease, complete rotator cuff tear in the left shoulder, cervical discogenic pain with radiculopathy. Diagnostic testing has included: a MRI of the cervical spine (11/03/2014) revealing multilevel degenerative changes of the cervical spine (worse at the C6-C7 level), left paracentral disc osteophyte complex at C6-C7 which contracts the ventral left hemicord with associated cord flattening but no definite cord signal abnormality, degenerative changes of the uncovertebral joints at C6-C7 resulting in mild right and moderate left-sided neural foraminal narrowing, diminutive left vertebral artery flow void

when compared to the right, a broad based disc osteophyte complex at the C3-C4 level mildly indenting the ventral neural sac with mild foraminal narrowing on the left, and a diffuse osteophyte complex without significant spinal stenosis; and a MRI of the left shoulder (11/27/2013) revealing a large complete tear of the distal supraspinatus tendon and severe osteoarthritis of the left acromioclavicular joint. Treatment to date has included chiropractic evaluation, evaluations, right shoulder arthroscopy (12/1999), right shoulder surgery (10/23/2004), physical therapy, and medications. The Norco was requested for the treatment of chronic pain. Treatments in place around the time the Norco was requested included a current medication regimen that included Norco, gabapentin, naproxen and omeprazole. The injured worker reported pain levels were rated at 8/10 without medications and decreased to 3-4/10 with current medication regimen. There were no noted changes in the injured worker's pain. Functional deficits and activities of daily living unchanged. The injured worker's work status was temporarily totally disabled. Dependency on medical care was increased with the recommendation of additional surgery with approval from UR. On 12/04/2014, Utilization Review non-certified a retrospective request for Norco 10/325 #90 between 11/20/2014 and 11/20/2014 which was requested on 11/25/2014. The retrospective request for Norco was non-certified based on insufficient evidence of meeting the criteria for continued use of opioid medications, including the failure to provide validated instrument or numerical rating scale to assess functional improvement, or assessment of the likelihood that the injured worker could be weaned from opioid medications if there is no improvement in pain and function. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Norco 10/325 #90 between 11/20/2014 and 11/20/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids: Page(s): 76-78.

**Decision rationale:** The request for Norco 10/325 mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The pain related assessment should include history of pain treatment and effect of pain and function. There should be an assessment of the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function. The documentation does not indicate that the patient has had treatment goals in relation to opioid use. The patient has had a history of detox in December of 2013 and that time was able to get off of all narcotics. The MTUS states that a satisfactory response to treatment may be

indicated by the patient's decreased pain, increased level of function, or improved quality of life . medication. The current documentation does not indicate that the above criteria were met and documented. The request for Norco 10/325mg #90 is not medically necessary.