

<b>Case Number:</b>	CM15-0103853		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 injured worker is a 48-year-old female who sustained an industrial injury on 02/28/2014. Mechanism of injury was not documented. Diagnoses include cervical spondylosis with radiculopathy, cervical spine sprain/strain with evidence of C4-C5 and C5-C6 disc protrusion with stenosis of the spinal canal with stenosis of the bilateral neuroforaminal that contact the bilateral C5 and C6 exiting nerve roots, bilateral shoulder sprain/strain with left shoulder evidence of tendinosis of the supraspinatus and infraspinatus muscles and right shoulder evidence of bursitis and osteoarthritis of the acromioclavicular joint, cervicogenic headache. Treatment to date has included diagnostic studies, medications, chiropractic sessions, injections, and acupuncture. Medications include Norco and Gabapentin. She rates her pain as 5 out of 10 with the use of her medications and 8 out of 10 without the Norco. A physician progress note dated 04/28/2015 documents the injured worker complains of cervical spine pain with associated headaches and numbness in the left upper extremity. She also has radiating pain down the right upper extremity as well. Her medications help in reducing pain. There is tenderness to palpation over the mid to lower cervical region, which extends to the upper thoracic areas. Range of motion is flexion 50 degrees, extension 50 degrees, right rotation is 60 degrees and left rotation is 60 degrees. She has tenderness in the right shoulder and range of motion is stiff. A urine screen test done on 4/02/2015 was consistent with currently prescribed medications. In a physician note dated 04/02/2010, it is noted that the Norco 10/325mg was changed to Norco 5/325mg. The injured worker does note some improvement in her ability to participate in activities of daily living. She notes that she would have limited ability to participate in these

activities without some level of pain medications. The treatment plans includes continuation of Gabapentin, eight additional acupuncture visits and follow up visit in one month. Treatment requested is for Norco 5/325mg #90.

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

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

**Norco 5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 5/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of increase in function. The prescribing physician describes this patient as TTD, which generally represents a profound failure of treatment. Without evidence of increased function on long term, Norco the request for continued Norco is not medically necessary.