

<b>Case Number:</b>	CM15-0013710		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old female, who sustained an industrial injury on 6/14/2010. She has reported pain in the neck, upper back, low back, left lower leg, left ankle, headaches, and sleep difficulty. The diagnoses have included cervicothoracic musculoligamentous sprain/strain with right upper extremity radiculitis with right sided disc protrusion at C5-C6, C6-C7, and multi-level facet hypertrophy. Treatment to date has included conservative measures and surgical intervention. The injured worker underwent right shoulder arthroscopy with distal clavicle resection, subacromial decompression, supraspinatus debridement, infraspinatus rotator cuff and debridement of the labral tear and adhesive capsulitis on 3/20/2013. Currently, the injured worker complains of low back pain radiating to the left lower extremity, with numbness and tingling to the foot. Straight leg raising test was positive, eliciting radicular symptoms in the left calf and low back pain on the right. Range of motion of the lumbar spine was decreased. Tenderness to palpation was present over the trapezius muscles, subacromial region, acromioclavicular joint, and periscapular musculature. Range of motion to the right shoulder was decreased with crepitus noted. Pain in the right shoulder was increased with lifting, pushing, pulling, and reaching. She reported decreased pain with medication use and home exercise program. The supplemental PR2 report, dated 4/23/2014, noted prescribed medications on 6/13/2011 included Norco. On 1/09/2015, Utilization Review modified a prescription for Norco 10/325mg #120 to Norco 10/325mg #15, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325 mg # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The One prescription of Norco 10/325 mg # 120 is not medically necessary and appropriate.