

<b>Case Number:</b>	CM15-0018820		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	03/25/2010
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57-year-old male, who sustained an industrial injury on 3/25/2010. The diagnoses have included chronic pain syndrome and reflex sympathetic dystrophy of the upper limb. Treatment to date has included surgical intervention and conservative measures. Arthroscopic surgery to the right shoulder was performed on 3/15/2012. A progress report, dated 1/09/2014, referred to nerve conduction studies performed on 11/15/2013 as showing findings of right ulnar neuropathy, which was mild to moderate, and localized to the right elbow. A neuropsychological report was referenced as suggesting cognitive disorder secondary to narcotic use for complex regional pain syndrome (CRPS) and cerebrovascular accident, pain disorder associated with psychological factors and general medical condition, and depression. Currently, the injured worker complains of chronic pain throughout his right upper extremity, which extended into the right neck and right thorax. He also reported extension of pain into the right lower extremity. Current medications included Norco 10/325mg every 4 hours as needed, Wellbutrin SR 150mg three times daily, Amitriptyline 25mg at bedtime, Neurontin 300 two tablets three times daily, and aspirin 81mg daily. He was ambulatory with a single point cane and reported occasional dizziness associated with the use of Norco. He rated pain 4-5/10 with medications and 8-9/10 without medication use. Tenderness to palpation was noted at the right shoulder, with impingement signs and pain with any manipulation. Range of motion in the right shoulder was slightly reduced in all planes. Tinel's testing was slightly positive at the right cubital tunnel. Some tenderness was noted at the right lower cervical paraspinal region extending into the right trapezius. Slight tenderness was noted throughout the right thoracic

paraspinal region extending to the right scapula. He was noted to have some hyperalgesia/allodynia at the right upper lateral thorax and some allodynia extending from his right hip region to the proximal right lower leg. Urine drug screening, performed on 3/26/2014, was noted as consistent with prescribed medications. On 1/06/2015, Utilization Review modified a request for Norco 10/325mg #180(one tablet every 4 hours as needed), with one refill, to Norco 10/325mg (modified to allow this one month supply for weaning purposes), citing 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:

**Norco 10/325mg #180 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 75-78, 88, 91 of 127.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. A progress note dated December 8, 2014 indicates that the injured employee has a 50% decrease in his pain with the usage of Norco and that the help his ability to function and perform activities of daily living. No side effects of this medication were noted and there was a signed pain contract in the absence of any aberrant behavior. Considering this overall improvement in function and justification to continue this medication, this request for Norco is medically necessary.