

<b>Case Number:</b>	CM15-0113299		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	04/25/1994
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 74-year-old female, who sustained an industrial injury on 4/25/94. The injured worker has complaints of neck pain, left lateral neck, left posterior neck, left shoulder and left arm that radiated pain to the left arm, left thigh, left shoulder and left hip. The documentation noted that the injured worker is unable to raise left arm overhead due to left shoulder pain. The diagnoses have included chronic anxiety; pain in joint involving pelvic region and thigh; sacroiliitis; neck pain and chronic pain syndrome. Treatment to date has included trigger point injections; joint injections; heating pad; rest and lying down; lyrica; norco; effexor and neurontin and treatment for her depression and anxiety. The request was for norco 10/325mg quantity 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty: 120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate continuation of weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.