

<b>Case Number:</b>	CM15-0121029		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	04/13/1996
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 53 year old female who sustained a work related injury April 13, 1996. While pulling down a box containing two hams weighing 60 pounds, she shifted and developed a pull to her right shoulder, jarring her neck. She was diagnosed with a C4-C5 right paracentral disc protrusion and a C6-C7 posterior broad-based disc bulge and herniation, T3-T4 disc bulge protrusion, and continuous pain syndrome of her right shoulder and right upper extremity. Past history included fibromyalgia syndrome, complex regional pain syndrome, right side, s/p aneurysm clipping with right hemiparesis. According to a physician's progress note, dated March 23, 2013, the injured worker is mildly quadriparetic and right hemiparetic due to a cerebral aneurysm rupture two years after the industrial accident. A physician's progress report dated May 18, 2015, finds the injured worker maintaining wheelchair mobility, bathing and dressing independently. She walks limited distances in her home with a walker. She reports waking at 5am to take her pain medication to avoid the pain levels getting too high. Nuedexta has helped with emotional liability and depression related to her stroke and continues with Savella as well. Assessments are cervical disc herniation C5-C6 C6-C7 with C5-C6 cervical radiculitis without frank cervical radiculopathy; cervicospinal myofascial pain; T4-T4 herniation right side; L4-L5 L5-S1 disc herniation with right lumbosacral radiculitis without frank radiculopathy. At issue, is the request for authorization for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

**Decision rationale:** MTUS Guidelines cite 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 results provided 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 of 1996 without acute flare, new injury, or progressive deterioration. The request is not medically necessary or appropriate.