

<b>Case Number:</b>	CM15-0123924		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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 38 year old female who sustained an industrial injury on 01/29/2010. Current diagnoses include right shoulder pain, thoracic spine pain, low back pain, neck pain, and history of carpal tunnel syndrome. Previous treatments included medications, right shoulder surgery on 03/16/2015, and physical therapy. Previous diagnostic studies include right shoulder MRI. Report dated 06/01/2015 noted that the injured worker presented for follow-up. Pain level was 4-5 (with medications) and 8+ (without medications) out of 10 on a visual analog scale (VAS). The injured worker stated that with use of medications she is able to walk 1-2 miles per day, 4-5 times per week. The physician noted that the last urine drug screen was consistent and there are no aberrant behaviors. It was also noted that the medication takes effect in a period of 1+ hours and lasts about 4-5 hours, and her average pain score is about a 5-6 out of 10 on the VAS. Current medications include Norco, Relafen, Biofreeze gel, and Cymbalta. Physical examination was positive for tenderness to palpation in the right greater than left paralumbar muscles, palpable tightness in the upper parathoracic muscles and lower paracervical musculature, and decreased lumbar spine flexion and extension. The treatment plan included prescribing Norco, Relafen, and Cymbalta, awaiting determination for psychological consultation and treatment, request for a trial of acupuncture, and follow up in 4-6 weeks. The injured worker is not working. Submitted medical records support that the injured worker has been prescribed Norco 10/325 mg since at least 10/08/2014, with no change in dosage or frequency. Disputed treatments include Norco tablets.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325, QTY: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list-Hydrocodone/Acetaminophen Page(s): 74-96.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." "Functional improvement means decrease in work restrictions or improvement in activities of daily living (ADLS) plus decreased dependence on medical treatment" per the MTUS. Although the physician stated that medications as a group allowed the injured worker to tolerate activities of daily living, there was no documentation of definite return to work or decrease in work restrictions, no specific improvement in activities of daily living as a result of use of Norco, and office visits have continued at the same frequency. Therefore the request for Norco 10/325, #60 is not medically necessary.