

<b>Case Number:</b>	CM15-0124914		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	10/07/2008
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/16/2015
<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: Arizona, Michigan

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 34 year old female, who sustained an industrial injury on October 7, 2008. She reported a cabinet fell off the wall striking her on the right frontal portion of her head and then her neck and right cervicobrachial region. The injured worker was diagnosed as having cervicobrachial syndrome, neck pain, and post concussive head pain syndrome, pain in shoulder joint, lumbar lumbosacral disc degeneration, tension headache, and nonallopathic cervical lesion. Treatments and evaluations to date have included right shoulder surgery in 2013, physical therapy, x-rays, lumbar spine diagnostic facet injection, MRIs, and medication. Currently, the injured worker complains of pain in the back, shoulder, neck, head, and right ankle, with neck pain radiating up to her head and into her shoulders. The Treating Physician's report dated May 12, 2015, noted the injured worker reported improvement in pain and improved tolerance for walking and standing using her medication, with a 30-40 percent decrease in pain with the use of her Norco. The injured worker's urine toxicology screens were noted to have been consistent with her prescriptions, the most recent screen being January 29, 2015. The injured worker reported going for following up with her gynecologist for vaginal bleeding, having undergone a pelvic ultrasound. Physical examination noted the injured worker with an antalgic gait, with tenderness to palpation over the bilateral lumbar facet joints, right greater than left, positive straight leg raise on the right, spasm and guarding in the lumbar spine, and pain elicited with loading of the lumbar facet joints, right greater than left. The right wrist and forearm was noted to have tenderness to palpation with a Positive Finklestein and Tinel's on the right. The injured worker's current medications were listed as Ambien, Flector, Maxalt, Sween cream, Traumel cream, Maalox/Benadryl/Lidocaine, Butalbital-caff-acetaminophen-cod,

Tizanidine, Norco, Neurontin, Compazine, Belladonna/Phenobarb, Fluconazole, Metoclopramide, Nystatin cream, Lorazepam, Phentermine, and Zantrex 3. The treatment plan was noted to include a request for authorization for prescriptions for Norco and Butalbital-caff-acetaminophen-cod. The injured worker was noted to be totally temporarily disabled from December 6, 2013 pending recovery from right shoulder surgery.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90:** Overturned

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Norco (Hydrocodone /Acetaminophen) is indicated for moderate to moderately severe pain. The injured worker was noted to have an improvement in her pain of 30-40 percent with the Norco as well as improved tolerance for walking and standing with use of the Norco. Urine drug screen was consistent with treatment and there was documentation of ongoing management actions as required by the guidelines, therefore the continued use of Norco appears appropriate and the request for Norco 10/325mg #90 is medically necessary.