

<b>Case Number:</b>	CM15-0125440		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	08/05/2015	<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: 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 (IW) is a 43 year old male who sustained an industrial injury on 12/18/2008. He reported pain in the back and arms. The injured worker was diagnosed as having chronic cervical, right shoulder, wrists, elbows, low back and right hip pain plus psychological symptoms. Treatment to date has included shoulder surgery, and steroid injections of the shoulder (which were helpful short-term), lumbar steroid epidurals (which provided a few days of relief), Physical therapy (without significant improvement), home exercise, and medications for pain. He also has had psychiatric care. Currently, the injured worker complains of poor sleep and back pain. There was tenderness and decreased range of motion neck and low back. His pain occurs more with extension than with flexion. He has no muscle spasms. His pain with medications is a 2-4/10, otherwise it is a 10. Klonopin helps sleep, spasms and anxiety. The Norco doesn't let him sleep. In the encounter notes of 04/17/2015, the plan was to resume Norco. Medications include Norco, Clonazepam, and Viibryd. The treatment plan is for continued pain management of medication therapy with the goal of increased function. An anti-inflammatory diet was prescribed, and education/counseling review of his exercise program was done . A request for authorization is made for the following: Norco 10/325mg #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 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 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 2008 without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #90 with 2 refills is not medically necessary and appropriate.