

<b>Case Number:</b>	CM15-0125597		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/03/2015
<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 is a 61-year-old male, who sustained an industrial injury on 5/22/13. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included epidural steroid injections, nerve conduction study, trigger point injections and physical therapy. Currently, the injured worker complains of right sided neck and trapezius muscle pain with numbness and tingling in the middle, ring and small fingers of the right hand. The injured worker is diagnosed with myofascial tightness of the right trapezius, foraminal stenosis of the cervical spine and unexplained numbness and tingling of the right middle, ring and small fingers. The injured worker remains not working. In a note dated 4/14/15 states there is tenderness in the right trapezius muscle and a slight decrease in sensation in the right middle, ring and small fingers. The medication, Norco 10/325 #90 is being requested for continued pain relief. It should be noted however; the note dated 4/14/15 states Norco 10/325 one tablet two times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90:** 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(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 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 2013 without acute flare, new injury, or progressive deterioration. The Norco 10/325 mg #90 is not medically necessary and appropriate.