

<b>Case Number:</b>	CM15-0179141		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/23/2004
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 67 year old female, who sustained an industrial injury on 6-23-04. The injured worker was diagnosed as having cervicospular pain due to right C6 radiculopathy; severe right shoulder pain due to adhesive capsulitis; severe right carpal tunnel syndrome. Treatment to date has included physical therapy; home exercise program; urine drug screening; medications. Currently, the PR-2 notes dated 7-7-15 are documented by the provider stating "status post cervical spine and right shoulder injury is here for routine follow-up on the following: 1) chronic right cervicospular pain average around 7 out of 10, with medications it reduces to 4 out of 10 to 5 out of 10. The patient's pain radiates down the right upper extremity. 2) Right shoulder pain 6 out of 10 to 7 out of 10, worse with overhead activities. The patient's family is helping her in performing house chores such as cooking, cleaning, and others. 3) Continuing tingling and numbness in right hand especially at night." Medications are listed as "1) Norco 5-325mg twice not covered by insurance. 2) Topamax 25mg q.h.s" The provider documents a physical examination noting: "cervicospular exam revealed noticeable muscle spasm cervical paraspinal. Range of motion is 50% normal. There is localized tenderness right levator scapulae and upper trapezius muscle. The patient has positive Spurling test on right side reproduces right upper extremity radicular pain. Bilateral shoulder exam revealed severe impingement on right side. There is localized tenderness lateral to acromium process and bicipital groove. The patient also has clinical signs suggestive of right shoulder adhesive capsulitis. Bilateral wrist exam without any signs of active synovitis. The patient has positive Tinel's and Phalen's at bilateral wrist and median nerve. Neurological exam of bilateral upper and lower extremities with strength of 5 out of 5. Deep tendon reflexes are 2+ throughout and are symmetrical. Sensory examination decreased pinprick in right medial distribution." PR-2 notes

dated back as far as February 2015 indicate Norco has been prescribed. A Request for Authorization is dated 9-11-15. A Utilization Review letter is dated 9-2-15 and non-certification for 2 prescriptions of Norco 5/325mg #90. Please note that Utilization Review certified the requested medications 2 prescriptions of Topamax 25mg #30. Utilization Review denied the requested treatments for not meeting the CA MTUS Guidelines. The provider is requesting authorization of 2 prescriptions of Norco 5/325mg #90.

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

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

#### **2 prescriptions of Norco 5/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, two prescriptions for Norco 5/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervicospinal pain secondary to right C6 radiculopathy; severe right shoulder pain due to adhesive capsulitis; and severe right carpal tunnel syndrome. Date of injury is June 23, 2004. Request for authorization is August 25, 2015. According to a progress note dated October 14, 2015, the treating provider prescribed Norco. The start date is unspecified in the medical record. According to a July 7, 2015, progress note, subjectively into worker complaints of chronic right cervical scapular pain and pain in the right shoulder. Objectively, there is tender to palpation over the paraspinal muscle groups with a normal neurologic five evaluation, there is no documentation demonstrating objective functional improvement. The utilization reviewer recommended weaning of Norco 5/325mg and modified the request for #90 quantity to #60 quantity. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There has been no attempt at weaning (other than the utilization reviewer's request). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detail pain assessments or risk assessments and no attempt at weaning Norco, two prescriptions for Norco 5/325 mg #90 is not medically necessary.

