

<b>Case Number:</b>	CM15-0068909		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old female sustained an industrial injury to the finger, left shoulder, back and neck on 3/21/13. Previous treatment included previous treatment included shoulder sling, chiropractic therapy, physical therapy and medications. In a progress note dated 3/13/15, the injured worker reported having a flare-up of neck, shoulder and back pain lately. The injured worker had been approved for referral to pain management. Physical exam was remarkable for tenderness to palpation along the cervical spine and lumbar spine paraspinal musculature bilaterally and pain along the left shoulder rotator cuff and biceps tendon. Current diagnoses included left shoulder impingement syndrome with tendinosis, cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain and element of stress and occasional sleep issues. The treatment plan included medications -Norco, Nalfon, Protonix, Flexeril, Tramadol ER, Terocin patch and LidoPro lotion. The UDS dated 12/15/2014 was inconsistent with positive tests for ethanol and marijuana metabolites.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325mg #60 for DOS 3/13/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records show aberrant behavior and non compliance with opioid medication management protocol. The UDS showed the presence of alcohol and marijuana metabolites. There is no documentation of CURES reports and objective findings of functional restoration with the chronic opioid treatment. The guidelines recommend that anticonvulsant and antidepressant medications with analgesic and mood stabilizing actions be primarily utilized in chronic pain patients with significant psychosomatic symptoms. The criteria for the use of Norco 10/325mg # 60 retrospective DOS 3/13/2015 was not met, therefore not medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records show aberrant behavior and non compliance with opioid medication management protocol. The UDS showed the presence of alcohol and marijuana metabolites. There is no documentation of CURES reports and objective findings of functional restoration with the chronic opioid treatment. The guidelines recommend that anticonvulsant and antidepressant medications with analgesic and mood stabilizing actions be primarily utilized in chronic pain patients with significant psychosomatic symptoms. The criteria for the use of Norco 10/325mg #60 was not met, therefore not medically necessary.