

<b>Case Number:</b>	CM15-0074492		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, Texas

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 45 year old female who sustained an industrial injury on 2/24/14. She has reported initial complaints of right upper extremity and low back injuries with pain from repetitive work. The diagnoses have included lumbar myofascial pain, complex regional syndrome of right upper extremity, right-sided hand shoulder syndrome and cervical myofascial pain, and chronic pain syndrome of both sleep and mood disorder. Treatment to date has included activity modifications, medications, rest, physical therapy, chiropractic, epidural steroid injection (ESI), stellate ganglion blockade, and conservative measures. The diagnostic testing that was performed included x-rays of the cervical spine. The current medications included Gabapentin, Norco, Relafen, Lidoderm and Ondansetron. Currently, as per the physician progress note dated 4/1/15, the injured worker complains of low back, neck and right hand pain which is unchanged. It was noted that she appears functionally impaired due to pain and uses slow, guarded movements. It was also noted that she was awaiting authorization for stellate nerve block and psyche consult. The physical therapy was also approved and she reports that the oral and topical medications alleviate the pain. The physical exam revealed marked distress and wearing a cervical collar. The cervical exam revealed restricted range of motion and associated with dizziness and nausea. The right upper extremity was cold to palpation compared to the left. There was minor color changes with excessive rubor in the right hand compared to the left. There was hyperalgesia in the thumb and index finger of the right hand. She had hypoesthesia with a cold sensation in a non-dermatomal distribution throughout the right upper extremity. The injured worker was not working at the time of the exam. Therapy sessions were noted. There was

no urine drug screens noted. The physician requested treatment included Norco 5/325 mg 120 count for pain.

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

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

**Norco 5/325 mg, 120 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** Norco 5/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long-term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation doesn't support that there has been meaningful improvement in function while taking this medication.