

<b>Case Number:</b>	CM15-0095036		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/08/2000
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 53 year old female, who sustained an industrial injury on 8/8/00. She has reported initial complaints of bilateral shoulder pain from repetitive injury. The diagnoses have included cervicobrachial syndrome, chronic pain syndrome, bicipital tenosynovitis bilaterally, adhesive capsulitis of the shoulders bilaterally, carpal tunnel syndrome bilaterally, status post carpal tunnel release, and De Quervain's tenosynovitis. Treatment to date has included medications, physical therapy, injections and left shoulder surgery. Currently, as per the physician progress note dated 4/1/15, the injured worker complains of bilateral shoulder pain that is aggravated by repetitious activity above the level of the shoulder and she has problems with sleeping at night. The objective findings reveal the exam of the upper extremities shows decreased cervical lordosis, mild thenar atrophy of the hands bilaterally, trigger points palpated in the splenius capitis regions, upper and lower trapezius region and sternocleidomastoid area and there is tenderness along the biceps tendon and acromioclavicular joint. There is decreased range of motion in the cervical spine and decreased range of motion in the bilateral shoulders. The sensory exam in the upper extremities reveals paresthesias in the right and left hand. The cervical spine Adson's test is positive bilaterally, Hawkins test is positive bilaterally, positive Speed's test bilaterally and positive Tinel's at the wrist bilaterally and positive Finkelstein test bilaterally. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left shoulder, electromyography (EMG) and nerve conduction velocity studies (NCV) of the bilateral upper extremities. The current medications included Lyrica and Tylenol. The urine drug screen dated 5/13/14 and 6/17/14 was consistent with medications prescribed and

the urine drug screen dated 9/11/14 and 12/19/14 were inconsistent with the medications prescribed. The physician noted that use of Naproxen and Celebrex had previously failed and she has failed Gabapentin. She is medically disabled and getting worse. The physician requested treatment included Norco 10/325mg #45 for chronic pain.

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

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

**Norco 10/325mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96 On-Going Management.

**Decision rationale:** Per the MTUS Guidelines cited, 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 or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening for prescribed opiates in September and December 2014; however, no adjustment was made by the provider regarding the aberrant drug behavior. Review indicated recommendation for weaning. 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. The Norco 10/325mg #45 is not medically necessary and appropriate.