

<b>Case Number:</b>	CM13-0031992		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	10/23/2006
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57 year old male who reported an injury on 10/23/2006 due to an unknown mechanism of injury. The injured worker was seen by his current physician on 11/01/2012 as a status-post surgical patient having received bilateral shoulder surgery of an unknown date. The physician has assessed the injured worker noting a positive bilateral Tinel's test in the ulnar region to the medial elbow, increased right wrist tenderness, right S1 radiculopathy, and a positive right straight leg raise at 70 degrees. The injured worker also had a positive impingement test bilaterally to his shoulders. Bilateral forward flexion and abduction were symmetrical and painful. The injured worker's diagnoses are: lumbar discogenic disease with radiculopathy, chronic low back pain, cervical discogenic disease, cervical facet arthropathy, sub-occipital neuralgia, status-post shoulder surgery x 1 with some residuals, bilateral and medial epicondylitis, bilateral ulnar neuritis, insomnia and depression. The injured worker's medications include Norco, Prilosec, Anaprox, Flexeril, Klonopin, Synovacin, Neurontin, Keto-gaba-lido cream and Capsaicin cream. The injured worker has taken urine drug screens indicating non-compliance with Norco. The injured worker continues to demonstrate no improvement with conservative care. The physician has requested Pharmacy for the injured worker. The request for authorization form and rationale were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical/Compounded Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The request for authorization for Pharmacy is not medically necessary. The California MTUS guidelines for opioids, including the Norco currently being used by the injured worker, indicate prescriptions are to be from a single practitioner taken as directed, and all prescriptions are to come from a single pharmacy. This particular guideline indicates a single pharmacy will be used, the medication(s) will be individually prescribed, their dosage listed and frequency to administer given. The above request does none of this. Further, the physician has not addressed the concern for urine drug test discrepancies of this and other medications. As such, the request is not medically necessary.