

<b>Case Number:</b>	CM14-0004979		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	09/03/2003
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/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 51 year old male injured on 09/03/03 when he lost his balance and fell down a hill resulting in fracture of the right ankle and left shoulder injury. The injured worker was placed in a cast for the ankle fracture and underwent arthroscopic rotator cuff repair on 05/28/04. The documentation indicates the injured worker has continued to complain of low back pain radiating to bilateral lower extremities with MRI performed on 11/17/03 noting right paramedian disc protrusion with mild displacement of the right L5 nerve root at L4-5. There was also evidence of severe right L4 foraminal stenosis and facet arthropathy. The injured worker has noted heroin addiction and long term use and abuse of opiate medications. It is also noted in the documentation the injured worker has utilized multiple pain management physicians concurrently. Previous utilization reviews recommended weaning of narcotic medications due to inconsistent urine drug screens and aberrant drug behavior. The clinical note dated 12/15/13 indicates the injured worker presented complaining of bilateral low back pain radiating to the buttocks with numbness of the bilateral lower extremities. The injured worker presented complaining that Norco received from [REDACTED] is not as effective as that received from [REDACTED]. The injured worker also previously reported he self-medicates at different doses based on pain levels with MS Contin and Norco. Physical examination revealed tenderness on palpation of the lumbar paraspinal muscles, decreased lumbar range of motion, lumbar discogenic provocative maneuvers were positive, nerve root tension signs negative bilaterally, bilateral straight leg raise positive, 4+/5 bilateral tibialis anterior reflexes, muscle stretch reflexes are 1 and symmetric bilaterally, muscle strength 5/5 bilaterally, sensation intact bilaterally. Current medications include Norco 10/325mg Q 4 hours, MS Contin 60mg TID, and Soma 350mg TID.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG ONE TABLET BY MOUTH EVERY FOUR HOURS AS NEEDED FOR PAIN, QUANTITY #180 WITH NO REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ACOEM, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, the clinical documentation fails to address the multiple inconsistent urine drug screens provided. Moreover, the patient's current medication regimen results in an extremely high daily morphine equivalent dose. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325 MG one tablet by mouth every four hours as needed for pain with no refills cannot be established at this time.