

<b>Case Number:</b>	CM14-0008399		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/28/2006
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopedic Surgery, and is licensed to practice in California. 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 45-year-old male whose date of injury on August 28, 2006. The mechanism of injury is not disclosed. The most recent progress note available for my review is dated July 30, 2013, a Supplemental Orthopedic Joint Agreed Medical Evaluation Report. This note indicates that the injured worker's obtained and EMG (electromyography)/NCV (nerve conduction velocity) study dated June 25, 2013 with findings that included an abnormality for the right median nerve, and findings suggestive of bilateral C5-6 chronic active radiculopathy, as well as minimal to mild primary sensory demyelinating right carpal tunnel syndrome. A comment reports that is the providers opinion. After review of the above diagnostic study that the claimant does have symptoms of cervical radiculopathy, and remains permanent and stationary from the standpoint of the neck. A prior encounter note dated June 8, 2013 provides diagnoses of left C7 radiculopathy by clinical evaluation and a February 2007. EMG/NCV study; left shoulder impingement with AC joint arthritis and a possible rotator cuff tear by MRI in August 2009; active in store. A strain/sprain of the right shoulder. Diagnostic studies have included x-rays, CT scan of the shoulder, MRIs of the shoulder and cervical spine, and electrodiagnostic studies. Treatment has included activity modifications, physical therapy, and pharmacotherapy. Physical exam findings reveal restricted. Cervical spine range of motion, intact. Upper extremity reflexes, negative Babinski. Reflexes, and no clonus. Physical examination of the lumbar spine reveals tenderness across the lumbar spine and pain with range of motion, evidence of what appears to be a laminectomy scar, symmetrical paraspinal muscles, a negative straight leg raise, no sciatic notch or piriformis tenderness, no SI joint tenderness, a negative. Gaenslen and pelvic compression tests, normal sensation, and normal reflexes. Physical examination of the shoulder reveals reasonably good range of motion on the right and significant pain and positive impingement on the left. Mild impingement is reported on the right. Apprehension test is

negative. Drop shoulder test is negative. Motor testing of the upper extremities is 5/5, and grip testing on the right is 22/24/20, and on the left is 18/18/14. This request was previously reviewed with a determination resulting in a recommendation for noncertification on January 3, 2014.

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

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

#### **PHARMACY PURCHASE OF HYDROCO / APAP TAB 5-500 MG #90: 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, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Opioids for chronic pain; Opioids, specific drug list , 80,91

**Decision rationale:** Norco (Hydrocodone/acetaminophen) 5/500 is a short-acting opioid combination of hydrocodone and acetaminophen. The record available for my review provides no documentation of the dosing regimen for this medication. Therefore, the MED and the daily acetaminophen load cannot be determined. In the chronic pain setting, the guidelines require objective documentation evidencing functional improvement with the opioid utilized on a chronic basis. There is no such documentation in the medical record available for my review. There is a reference in the medical record of a prior review with access to a progress note from November 2013. The request for pharmacy purchase of hydroco/apap tab 5-500 mg, ninety count, is not medically necessary or appropriate.