

<b>Case Number:</b>	CM14-0009890		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 and 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 66 year old male who sustained an injury on 12/18/08 when he fell down a flight of stairs striking several parts of the body. The injured worker reported complaints of pain in the right side of the face and right upper extremity. The injured worker is noted to have had a prior history of left knee complaints with several surgical procedures completed. Following the date of injury, the injured worker developed an increase in left knee pain as well as low back pain. A referral for physical therapy is noted with further consideration for surgical intervention. Other treatment has included cervical and lumbar epidural steroid injections as well as radiofrequency rhizotomy in the cervical spine. The injured worker was being followed for pain management with prescription medications to include Hydrocodone 7.5/300mg every 12 hours, Gabapentin 600mg 1-2 times daily, Ambien 10mg, and Paxil 10mg. Ambien and Paxil were prescribed by the injured worker's primary care physician. Urine drug screen results from 08/26/13 were negative for opiates. The clinical evaluation on 11/26/13 reported continuing complaints of neck and low back pain. The injured worker reported a recent fall one week prior which worsened his low back pain as well as lower extremity pain with associated numbness and tingling. The injured worker reported pain improved to 6/10 on the Visual Analogue Scale (VAS) with medication. Without medications, the injured worker's pain was severe 10/10. On physical examination, there was limited range of motion in the lumbar spine with tenderness to palpation in the lumbar paraspinal musculature. There was also decreased sensation in the right lower extremity with mild to moderate weakness noted in the left plantar flexors and extensor hallucis longus. The clinical report on 02/18/14 noted resolution of the lower extremity symptoms. No changes in medications were noted and pain scores were reduced to 5/10 on the Visual Analogue Scale (VAS) with medications. Physical examination continued to note loss of lumbar range of motion with tenderness to palpation. Mild weakness was still present in the

lower extremities with decreased sensation to light touch. Further physical therapy was recommended at this evaluation. The requested Norco 10/325mg, quantity 30 with two refills as well as a urine drug screen was denied by utilization review on 01/17/14.

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

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

#### **NORCO 10/325 MG, #30 WITH 2 REFILLS: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opiates, Criteria for Use, page Page(s): 88-89.

**Decision rationale:** In regards to the requested Norco 10/325mg, quantity 30 with two refills, this reviewer would have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. In review of the clinical documentation, the injured worker was continuing to receive functional improvement and pain reduction with the continued use of Hydrocodone. The injured worker reported at least 50% pain reduction with the continuing use of Norco on a twice daily basis. There was no evidence of any further aberrant medication behaviors. The most recent assessments did note resolution of lower extremity symptoms and the injured worker was at a higher functional level as compared to previous evaluations. Given the evidence for ongoing functional improvement and pain reduction with the use of Norco, this reviewer would have recommended as medically necessary for the requested medication.

#### **1 URINE DRUG SCREEN: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009), O.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, UDS

**Decision rationale:** In regards to the requested urine drug screen, this reviewer would have recommended this request as medically necessary. The last urine drug screen from August of 2013 was negative for opiates; however, no confirmatory study was provided for review. As the injured worker has continued to utilize Norco with success, guidelines would recommend at least one additional urine drug screen per year for compliance testing. The injured worker was recommended to continue with narcotics for pain control and a urine drug screen would have been appropriate and reasonable. Therefore, this reviewer would have recommended as medically necessary for the request.

