

<b>Case Number:</b>	CM14-0179725		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/12/2003
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 62 year old male who was injured at work on 12/12/2013. He is reported to be complaining of neck and back pain with radicular symptoms to the bilateral lower extremities; difficulty in chewing; pain in his bilateral shoulders and knees, and pain in his left ankle. The pain is 7/10 without medications, but subsides to 4/10 (about 30-40% reduction) with the use of pain medications. However, the effect of the medication lasts only about 4 hours. Additionally, there is increased tolerance of standing and walking of 1-2 hours with the medication, compared to 30 minutes without the medication. The physical examination revealed ptosis, limited range of motion of the shoulders, positive impingement of the bilateral shoulders, positive supraspinatus and cross body tests; limited range of motion of the cervical spine, Positive palpable tenderness and spasms of the cervical spine; there was limited range of motion of the lumbar spine, palpable tenderness of the paravertebral muscles of the lumbar and thoracic spine, positive sitting straight leg raise on the right; tenderness to palpation of the knees. The worker has been diagnosed of chronic low back pain status trauma, bilateral sciatica, chronic cervicalgia, Likely TMJ syndrome, chronic right eye pain, bilateral shoulder impingement syndrome, with possible adhesive capsulitis; pain-related insomnia; chronic bilateral ankle pain, status post left ankle fracture and previous right ankle sprain; apparent bilateral plantar fasciitis and metatarsalgia. Treatments have included Acupuncture, Norco, Amirex, Flexeril, and Skelexin. At dispute is the request for Prospective request for 1 prescription of Norco 5/325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Norco 5/325mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79-81.

**Decision rationale:** The injured worker sustained a work related injury on 12/12/2013. The medical records provided indicate the diagnosis of chronic low back pain status trauma, bilateral sciatica, chronic cervicalgia, Likely TMJ syndrome, chronic right eye pain, bilateral shoulder impingement syndrome, with possible adhesive capsulitis; pain-related insomnia; chronic bilateral ankle pain, status post left ankle fracture and previous right ankle sprain; apparent bilateral plantar fasciitis and metatarsalgia. Treatments have included acupuncture, Norco, Amirex, Flexeril, and Skelexin. The medical records provided for review do not indicate a medical necessity for prospective request for 1 prescription of Norco 5/325mg #150. The MTUS does not recommend the continued use of opioids for treatment of chronic pain beyond 70 days. Furthermore, the MTUS recommends discontinuing the use of opioids if there is no overall improvement in function, unless there are extenuating circumstances: the records indicate the pain level and functioning have remained the same since 01/2014. Also, records indicate the opioids are getting less effective, as the effects wanes off after 4 hours. Therefore, the recommended treatment is not medically necessary.