

<b>Case Number:</b>	CM14-0184624		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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 59-year-old male who reported injuries after attempting to lift a 1,000 pound wall with 5 coworkers on 06/28/2000. On 10/13/2014, his diagnoses included facet arthropathy L4-S1, hydrocele/epididymitis surgery with ongoing pain, failed spinal cord stimulator trial, C3-C5 disc degeneration, intermittent bilateral cervical radiculopathy, left shoulder impingement syndrome/AC joint degenerative disease, status post 2 left shoulder arthroscopies without improvement, L1-L3 and L4-S1 disc degeneration, right knee internal derangement, status post 2 arthroscopies, and bilateral groin/testicular pain, probably radicular in nature. His complaints included groin pain and numbness, worse on the left than on the right, constant neck pain radiating with numbness down both upper extremities rated 7/10 with medication and 8/10 without medication, and lower back pain that radiated down the buttocks into both lower extremities, also rated 7/10 with medication and 8/10 without. His medications included Norco 10/325 mg, Temazepam 30 mg, Zantac 300 mg, Depo Testosterone 200 mg/mL, Welchol 625 mg, and Soma 350 mg. On palpation, there was tenderness and spasms of the cervical paravertebral muscles, with tenderness over the bilateral trapezius musculature. There was no tenderness noted to the lower back. The recommendations included continuation of the current medication regimen. It was noted that he was not a surgical candidate. On 10/14/2014, a trial of Cymbalta 60 mg was initiated. There was no rationale included in this injured worker's chart. A Request for Authorization dated 10/13/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review of opioids, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of aspirin or anticonvulsants, or quantified efficacy. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg, QTY: 90 are not medically necessary.