

<b>Case Number:</b>	CM14-0039509		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/14/1998
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 06/18/2011 due to an unspecified mechanism of injury. On 02/20/2014, he reported bilateral back pain rated at a 9/10, right shoulder pain rated at a 9/10, right posterior neck pain rated at a 7/10, mid back pain rated at a 10/10, and left knee pain rated at a 9/10. A physical examination revealed range of motion to the cervical spine with flexion to be 40/ 50 degrees, extension to 50/ 60 degrees, right and left lateral flexion 30/45 degrees, right and left rotation to 60/80 degrees with a noted mild pain level. Range of motion to the lumbar spine was documented as flexion to 40/60 degrees, extension 15/25 degrees, and right and left lateral 15/25 degrees with a mild pain level noted. Range of motion to the shoulder was documented as right flexion 120/180 degrees, left flexion 180/180 degrees, left extension 40/50 degrees, right abduction 120/180 degrees, right adduction 30/50 degrees, internal rotation to the right 60/90 degrees, and external rotation to the right 70/90 degrees, remaining motions were noted to be within normal limits and associated with pain. Range of motion to the knee was within normal limits with the exception of flexion to 120/150 degrees with moderate pain level. He had a positive painful arc of abduction, drop arm sign, Hawkins, neer's and O'Brien's. Muscle testing of the upper extremities was within normal limits on the left and right with the exception of 4/5 in the deltoids on the right, lower extremity muscle testing was 4/5 throughout. His diagnoses included left knee tenosynovitis RO derangement, lumbar facet syndrome, lumbar muscle spasms, lumbar myalgia/myositis, sacroilitis, shoulder tenosynovitis on the right, cervicalgia, cervical muscle spasms, cervical myalgia and myofascitis, thoracic myalgia and myofascitis. His medications included Norco 7.5 mg 1 by mouth 4 times a day 240 dispensed for 6 weeks, Prilosec 20 mg 1 daily #30 and tramadol ER 150 mg #90 1 to 2 daily. Past treatments included medications, myofascial release, spinal manipulation, and EMS.

The treatment plan was for Norco 7.5/325 mg 240 tabs. The request for authorization form and rationale for treatment were not provided.

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

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

**Norco 7.5/325mg, 240 tabs:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page 78 Page(s): 78.

**Decision rationale:** The request for Norco 7.5/325 mg 240 tabs is not medically necessary. The injured worker was noted to have pain, and decreased range of motion and strength in several areas. He reportedly had increasingly severe subjective complaints of pain. The California MTUS Guidelines state that ongoing management of opioids should be monitored using the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There should be an ongoing review of documentation of pain relief, functional status, appropriate medication use, and side effects with office visits. Pain assessment should include current pain, least reported pain over a period of time since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. If there is no overall improvement in function unless there are extenuating circumstances, opioids should be discontinued. Based on the clinical information submitted for review, this medication did not provide adequate pain relief. There was a lack of documentation regarding objective functional improvement due to treatment with this medication. In addition, a proper ongoing assessment including pain relief, functional status, appropriate medication use, and side effects was not performed. Furthermore, the requesting physician did not state the frequency within the request. The documentation provided is lacking information regarding objective functional improvement, medication frequency, and adequate pain relief and therefore is not supported. Given the above, the request is not medically necessary.