

<b>Case Number:</b>	CM14-0197924		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 56-year-old male who reported an injury on 05/10/2011 from constantly wearing a gun belt while sitting at a work station and a patrol car for prolonged periods of time and bending while searching suspects. The injured worker has diagnoses of degeneration of the cervical intervertebral disc and cervical disc displacement. Medications included Norco 325/5 mg 1 tablet every 12 hours, Duexis 800/26.6 and Restone as needed for insomnia. Therapies were noted to include work restrictions, physical therapy, medications, ice and heat. Surgical history included left shoulder arthroscopic surgery in 2007, left carpal tunnel release on 10/28/2011, left elbow surgery on 11/16/2012, and left knee arthroscopic surgery, date unknown. On 10/21/2014, the injured worker was in for neck and left shoulder pain. The injured worker had received first cervical ESI about 1 year ago, which decreased pain more than 50% for 8 weeks. The pain is rated 5/10. Upon examination, there was tenderness present in the trapezoid area. The cervical spine range of motion was restricted in forward flexion, in backward extension, in right lateral tilt, in left lateral tilt, in right rotation and in left rotation. The treatment plan included Norco tablet 10/325 oral 60 one tab every 12 hours, to request a copy of the lumbar MRI, and Duexis 800/26.6 #18 samples per mail, pending prescription Restone as needed for insomnia, refill current medication dosage and usage, counsel PT on therapeutic exercise and followup in 1 month. The rationale for medications was not provided. The Request for Authorization was dated 10/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 76-80, 91, 124.

**Decision rationale:** The request for Norco 10/325 sixty count is not medically necessary. The California MTUS Guidelines for chronic opioid therapy require ongoing review and documentation of pain relief, functional improvement, side effects and appropriate medication use. There is lack of documentation of the above addressed. As such, the request for Norco 10/325 sixty count is not medically necessary.

**Restone 3/100 mg, thirty count:** Upheld

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

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

**Decision rationale:** The request for Restone 3/100 mg 30 count is not medically necessary. Restone is used for insomnia. The active ingredient is tryptophan. The injured worker was taking Restone as needed for insomnia. However, tryptophan is not supported by the guidelines. As such, the request for Restone 3/100 mg #30 count is not medically necessary.

**Ducxis 800/26.6 mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69, and 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duexis.

**Decision rationale:** The request for Ducxis 800/26.6 mg 60 count is not medically necessary. The California MTUS Guidelines state NSAIDs are generally recommended at the lowest effective dose for the shortest duration of time. The Official Disability Guidelines do not recommend these Duexis as a first line drug. The guidelines recommend proton pump inhibitors. With less benefit and higher cost, using Duexis as a first-line therapy is not justified. The documentation provided indicates the injured worker previously used NSAIDs with an

improvement in pain. A rationale for Duexis was not provided. As such, the request for Duexis 800/26.6 mg 60 count is not medically necessary.