

<b>Case Number:</b>	CM15-0019321		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old male who reported an injury on 08/09/2010. The mechanism of injury was not stated. The current diagnoses include lumbar pain, mid and left sided thoracic pain, chronic left shoulder pain, neck pain, and chronic low back pain. It is also noted that the injured worker is status post left shoulder arthroscopic repair on 10/29/2013. The injured worker presented on 12/09/2014 for a follow-up evaluation with complaints of ongoing neck and low back pain. The injured worker has been previously treated with medications, Botox injections, and physical therapy. The injured worker noted an average daily pain of 6/10 to 7/10. Upon examination, there was ongoing tenderness in the lumbar paraspinal muscles. Recommendations included continuation of Norco 10/325 mg and Duragesic 25 mcg. Additional medications also included Lunesta 2 mg, Cymbalta, and Colace. The injured worker was instructed to continue with an additional course of physical therapy. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco since 2012. There is no documentation of objective functional improvement. The injured worker continues to report high levels of pain. Previous urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Duragesic patch 25mcg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 74-82.

**Decision rationale:** The California MTUS Guidelines do not recommend Duragesic transdermal system as a first line therapy. It is indicated for the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other means. There is no indication that this injured worker has failed to respond to first line opioid medication prior to the initiation of Duragesic patch. Additionally, the injured worker had continuously utilized the above medication since at least 10/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.