

<b>Case Number:</b>	CM15-0135758		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/08/2001
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 68 year old male with a May 8, 2001 date of injury. A progress note dated June 8, 2015 documents subjective complaints (neck pain; headaches; lower back pain; left lower extremity radicular pain; left upper extremity radicular pain; depression; insomnia; hypo testosterone secondary to opiates), objective findings (antalgic gait; pain and difficulty with transfers from sitting to standing; decreased range of motion of the cervical spine; left trapezius tenderness; decreased range of motion of the lumbar spine), and current diagnoses (cervical spondylosis; depression/anxiety; headache; lumbar/lumbosacral disc degeneration; chronic sleep disorder; testicular hypo function). Treatments to date have included medications and a spinal cord stimulator. The medical record indicates that medications help control the pain and offer improved functionality with activities of daily living. The treating physician documented a plan of care that included Norco and Oxymorphone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #120: 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, Pages 78-80, Opioids for Chronic Pain Page(s): 78-82.

**Decision rationale:** The requested 1 prescription of Norco 10/325mg #120 , is not medically necessary.CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented subjective complaints (neck pain; headaches; lower back pain; left lower extremity radicular pain; left upper extremity radicular pain; depression; insomnia; hypo testosterone secondary to opiates), objective findings (antalgic gait; pain and difficulty with transfers from sitting to standing; decreased range of motion of the cervical spine; left trapezius tenderness; decreased range of motion of the lumbar spine). The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 1 prescription of Norco 10/325mg #120 is not medically necessary.

**1 prescription of Oxymorphone 40mg #60:** 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, Pages 78-80, Opioids for Chronic Pain Page(s): 78-82.

**Decision rationale:** The requested 1 prescription of Oxymorphone 40mg #60, is not medically necessary.CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented subjective complaints (neck pain; headaches; lower back pain; left lower extremity radicular pain; left upper extremity radicular pain; depression; insomnia; hypo testosterone secondary to opiates), objective findings (antalgic gait; pain and difficulty with transfers from sitting to standing; decreased range of motion of the cervical spine; left trapezius tenderness; decreased range of motion of the lumbar spine). The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 1 prescription of Oxymorphone 40mg #60 is not medically necessary.