

<b>Case Number:</b>	CM15-0028996		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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, Hawaii

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 60 year old male with an industrial injury dated February 12, 2014. The injured worker diagnoses include lumbar herniated nucleus pulposus with right lower extremity radiculopathy and right shoulder impingement syndrome. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/23/15, the injured worker reported right shoulder pain and pain in the lower back region with radicular symptoms in the right lower extremity in about the L5-S1 distribution. Lumbar spine exam revealed tenderness to palpitation bilaterally with increased muscle rigidity. Documentation noted numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. The injured worker was noted to have decrease range of motion with obvious muscle guarding. The treating physician prescribed Norco 10/325 mg #60 now under review. Utilization Review determination on February 2, 2015 denied the request for Norco 10/325 mg #60, citing MTUS, ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78, 88-89.

**Decision rationale:** The patient presents with right shoulder pain and pain in the lower back region with radicular symptoms in the right lower extremity in about the L5-S1 distribution. The current request is for Norco 10/325 mg #60. Norco contains a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid pain medication. The UR denied the request based upon a failure of objective functional improvement or resolution. The treating physician states on 1/23/15 (55B) "the patient's medications were refilled as noted above." Previously in the treating report the physician lists "Medications: Norco." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the clinical history documents the required criteria for opioid usage. There is discussion of pain assessment, functional measurement, ADLs, adverse side effects, and UDS to screen for aberrant behavior. Therefore, the current request is medically necessary and the recommendation is for authorization.