

<b>Case Number:</b>	CM15-0048639		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/14/2002
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Physical Medicine & Rehabilitation, 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 63 year-old male, who sustained an industrial injury on 2/14/2002. He reported injuring the left shoulder while lifting. Diagnoses include status post cervical discectomy with fusion 2005, cervical radiculopathy, lumbar radiculopathy, protrusion, tear and stenosis, left shoulder strain with impingement, status post bilateral inguinal hernia with residual lump formation and pain. Treatments to date include medication therapy, physical therapy, and steroid injections. Currently, he complained of cervical, right hip, lumbar and left shoulder pain rated 8/10 VAS. On 2/23/15, the provider documented objective findings including decreased range of motion (ROM) and positive impingement test of the left shoulder, decreased lumbar ROM and positive straight leg test on the right side, and cervical tenderness with positive Spurling's sign. The plan of care included requests for an MRI of cervical spine, psychiatric evaluation, and continuation of Norco and Soma with an anti-inflammatory as ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). A urine drug screen on 7/13/2014 indicate the patient was not compliant with Norco, and was tested positive for amphetamine derivatives without a prescription. Subsequent office visits did not document any discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.