

<b>Case Number:</b>	CM14-0137276		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/27/2000
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old male who reported injury on 12/27/2000; mechanism of injury was an industrial injury. The injured worker was evaluated on 07/08/2014 and it was documented that the injured worker complained of 5/10 pain in the mid back and 5/10 pain in both hands with numbness. He also complained of pain in the low back, groin, and testicles, and erectile dysfunction due to pain. He also complained of intermittent gastrointestinal upset due to NSAIDs. Physical examination revealed well healed surgical scar on both wrists, mild tenderness of both wrists, range of motion of wrists, and fingers normal, and Tinel's and Phalen's test were negative bilaterally. There was slight paralumbar muscle spasm and range of motion testing revealed flexion 80% of normal, extension 70% of normal, bilateral flexion 80%, and straight leg raise was positive on the left at 75 degrees in sitting and supine, causing pain in the left hip and posterior thigh, but negative on the right. Diagnoses included status post bilateral carpal tunnel release surgery, thoracolumbar strain with left lumbar radiculitis, aggravation of vasectomy site pain around the right groin with persistent symptomatology, erectile dysfunction, hearing loss due to noise exposure from work, altered sensation of left face and arm, etiology is not determined, and secondary depression due to chronic pain from above diagnosis. Medications included Norco 10/325 mg, naproxen 550 mg, and Prilosec 20 mg. Request for Authorization dated 07/15/2014 was for Norco 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to indicate pain relief using VAS scale measurement before and after Norco taking by the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. There was no urine drug screen to verify opioid compliance. The request submitted for review failed to include frequency, quantity and duration of medication. Given the above, the request for 1 prescription of Norco 10/325mg is not medically necessary.