

<b>Case Number:</b>	CM14-0141222		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 and is licensed to practice in California. 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 43-year-old male who sustained an injury on 02/14/13. He complained of back pain which radiated into the right leg, bilateral foot pain, and right shoulder pain. Exam revealed right shoulder tenderness, positive SLR on the right, positive Tinel to the right ulnar groove, decreased sensation to the right foot and a guarded gait. Right shoulder MRI done on 02/20/14 revealed mild hypertrophy of the acromioclavicular joint with a small bursal effusion. There was also supraspinatus tendinosis. MRI of the right elbow was normal. EMG/NCV study done on 02/20/14 was abnormal to bilateral lower extremities, consistent with right tarsal tunnel syndrome. Abnormal EMG to the right lower extremity demonstrated mildly active and chronic right L5 radiculopathy. Lumbar MRI on 02/20/14 revealed broad-based protrusion at L4-L5 extending into the foramen resulting in moderate bilateral foraminal stenosis. There was mild left foraminal stenosis at L5-S1; the disc bulge was 3 mm at L4-L5 and L5-S1 with left paracentral protrusion. He was treated with Celebrex, Tizanidine, Cymbalta, chiropractics, and on 05/09/14 right L4-L5 and L5-S1 epidural steroid injections and physical therapy in 2013. Plan was right L4-L5 and L5-S1 epidural steroid injections, right foot tarsal tunnel corticosteroid injection and continuation of Norco #120. He indicated that he sleeps less than 6 hours with medications. On 03/05/14, request was denied for #120 Norco due to no change in his back or leg symptoms. He was on hydrocodone/APAP. Diagnosis: Lumbar radiculitis, right shoulder impingement, and right elbow cubital tunnel syndrome. The request for decision for Norco 10/325mg #120: MED 40: was denied on 08/15/14 due to lack of medical necessity of guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 : MED 40: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91,74.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation. Such as, Norco 10/325mg #120: MED 40 is not medically necessary.