

<b>Case Number:</b>	CM14-0160047		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 42-year-old male with a date of injury of 6/5/12. The mechanism of injury was a fall from a work truck while cutting tree branches in the bed of the truck. He fell approximately 15 feet down, off of the bed of the truck. On 3/14/14 a drug screen review stated the medications prescribed, Cyclobenzaprine and Hydrocodone, were not detected. On 5/27/14 he complained of chronic headaches and pelvic pain with radiation into the right lower extremity with numbness and tingling. Objective findings included decreased right hip range of motion and pain with internal rotation. On 6/24/14 he complained of headaches and constant pelvic pain radiating to the right lower extremity with numbness and tingling. The patient left without providing a sample for urine toxic screen. The objective findings included decreased right hip range of motion and pain with internal rotation. On 7/22/14 the subjective and objective findings remained the same as previous reports. A blood draw on this date showed positive for Hydrocodone. The diagnostic impression is epididymal cyst in the right side of the scrotum, bilateral inguinal hernia, abdominal pain, right pelvic pain, and headaches. Treatment to date: hernia repair and cyst removal surgeries, physical therapy, acupuncture therapy, chiropractic therapy, and medication management. A UR decision dated 8/28/14 modified the request for Norco 7.5/325mg #60 to Norco 7.5/325mg #34. The request was modified because the patient has been utilizing Norco since at least 2/3/14 with minimal temporary subjective relief. The patient continues to report consistent pain levels and limitations. There has been no change in subjective, objective, or functional status. Guidelines recommend a reassessment and consideration of alternatives when there is no overall improvement in function. Therefore, a tapering per guideline is recommended. Tapering was initiated in a previous review and should be continued.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg, sixty count,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There was an inconsistent toxic screen reported on 3/14/14, and on 6/24/14 he left the office visit with providing a urine sample for toxicology screen. There is no documentation of CURES Report or an opiate pain contract. It was noted that a tapering was started per a previous UR, and this UR, dated 8/28/14, modified the request for Norco 7.5/325mg #60 to Norco 7.5/325mg #34 to allow for continued tapering. Therefore, the request for Norco 7.5/325mg sixty count was not medically necessary.