

<b>Case Number:</b>	CM14-0164577		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	01/30/2004
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine 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 55 year old male with a date of injury on 1/30/2004. The exact mechanism of the injury was not specified except that it was cumulative trauma secondary to work duties. He was diagnosed with multilevel degenerative disc disease throughout the lumbar spine with associated facet arthropathy and radiculopathy to the bilateral lower extremities with the right greater than the left. In an evaluation report dated 8/25/14, it was indicated that he complained of moderate to moderately severe pain of the lumbosacral spine which frequently increased to severe. The pain was aggravated by twisting, turning, and bending activities. It was also indicated that although he originally had more pain in the left leg, he had increasing pain in the right lower extremity recently and he also noted weakness of both lower extremities with it worse on the right than on the left. On examination of the lumbar spine, spinous tenderness was noted over the L3-L4, L4-5, and L5-S1 and there was also moderately severe paraspinal muscle guarding and tenderness noted. Marked guarding of movement was also noted as well as moderate bilateral sciatic notch tenderness. The range of motion of the lumbar spine was limited in all planes. Hypesthesia was noted bilaterally in the mid dorsum and lateral dorsum of the feet as well as in the lateral aspect of both legs. Weakness was noted in the right quadriceps, right great toe extensor, and the right anterior tibialis as compared to the left side which was in similar distribution but to a lesser degree. The straight leg raise test was positive at 50 degrees in the right and at 60 degrees in the left. The sciatic stretch sign was slightly positive on the right side. He was provided with Norco and Condrolite for pain and for the degenerative disc disease. This is a review of the requested Norco 10/325mg, #90 and Condrolite 500/200/150mg, #180.

### 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 Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE; OPIOIDS, LONG-TERM ASSESSMENT Page(s): 78-80; 88.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that opioids are not recommended to be used in the chronic phase. If it is to be used there should in the long term the clinical presentation and documentation should meet the criteria as outlined by evidence-based guidelines. The criteria for ongoing management with opioid include that the prescription must from a single provider and all prescriptions must be received from a single pharmacy, lowest dose possible should be provided, there should be documentation of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors), use of drug screening, documentation of misuse of medications, and continuing review of overall situation with regard to non-opioid means of pain control. The Chronic Pain Medical Treatment Guidelines further indicate that discontinuation of opioids should be done if there is no overall improvement in function unless there are extenuating circumstances or in order to continue opioid medication the injured worker should be documented that he has returned to work and has improved functioning and pain. In this case, the injured worker is noted to be using opioids for the longest time without documented objective functional improvement such as decrease in pain level, increase range of motion, and increase performance of activities of daily living. He continued to complain of moderately severe to severe pain in his low back and absent were the documentations for screening of possible drug abuse and misuse such as urine drug screening. Based on these reasons, the medical necessity of the requested Norco 10/325 milligrams #90 is not established.

**Condrolite 500/200/150mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The medical records provided limited information to support the necessity of the requested Condrolite 500/200/150mg, #180. As per the Chronic Pain Medical Treatment Guidelines, glucosamine and chondroitin sulfate is primarily indicated for those with knee osteoarthritis. Based on the medical records reviewed, the injured worker has no complaints or objective findings relative to the knee. Therefore, this request is not medically necessary.

