

<b>Case Number:</b>	CM14-0168831		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	10/01/2004
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family 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:

This is a 68 years old male patient who sustained an injury on 10/1/2004. He sustained the injury while lifting a huge pot. The current diagnoses include intervertebral disc disorders, unspecified disorders of bursae and tendons in shoulder region and cervical spondylosis. Per the doctor's note dated 9/25/14, he had complaints of neck, lower back and right shoulder pain. The physical examination revealed lumbar spine- no tenderness, range of motion- extension 30, flexion 80, left side bending 30, left trunk rotation 20, right side bending 30 and right trunk rotation 20 degrees; negative straight leg raise bilaterally, normal strength, sensation and symmetrical deep tendon reflexes bilaterally. The current medications list includes Norco, Tizanidine, Omeprazole and Terocin lotion. He has undergone shoulder surgery. He has had physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 10/30/14) Opioids, Criteria for Use

**Decision rationale:** Norco contains Hydrocodone and Acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continue review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records received did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #180 is not established for this patient. Therefore, this request is not medically necessary.

**Low Back Belt for Back Support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." Therefore cited guidelines do not recommend lumbar support for low back pain. Response to other previous non operative/conservative therapy is not specified in the records provided. The medical necessity of a Low Back Belt for Back Support is not fully established for this injury.