

<b>Case Number:</b>	CM14-0095331		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/21/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 50-year-old male with a 10/21/11 date of injury. The mechanism of injury occurred when he was stacking 25 pound boxes. The boxes started to fall, he twisted to the right side to grab the boxes and felt a "crack" on the right side of his low back. According to a progress noted dated 5/9/14, the patient rated his cervical spine pain at 4/10, lumbar spine pain at 5/10, right shoulder pain at 6/10, bilateral knee pain at 4/10, and bilateral hip pain at 5/10. He has been taking Hydrocodone/APAP four tablets a day and reported improvement in his pain level from 8/10 to 4/10 after medications. Objective findings: limited range of motion of lumbar spine, tenderness to palpation and hypertonicity noted over paraspinal muscles bilaterally, decreased range of motion of right shoulder, tenderness noted over acromioclavicular joint, decreased range of motion of right knee. Diagnostic impression: right shoulder rotator cuff syndrome, status post surgery; chronic lumbar strain with disc herniation, failed back syndrome; right knee meniscal syndrome, status post arthroscopy. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 5/29/14 modified the request for Norco from 120 tablets to 42 tablets for weaning purposes. Norco is not an appropriate opioid for long-term use for chronic pain. If this patient will be requiring long-term use of opioids, he should be transitioned to a long-acting opioid medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, qty 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** CA 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. In the reports reviewed, it is noted that the patient has been taking Hydrocodone/APAP four tablets a day and reported improvement in his pain level from 8/10 to 4/10 after medications. In addition, there is no documentation of lack of aberrant behavior, an opioid pain contract, and urine drug screens. Urine drug screens dated 1/23/14 and 2/25/14 were consistent for the use of Hydrocodone. Therefore, the request for Norco 10/325mg, qty 120 was medically necessary.