

<b>Case Number:</b>	CM14-0160893		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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, who sustained an industrial injury on March 18, 2014. He reported pain of the neck, left shoulder, upper and lower back, knees, and ankles. The injured worker was diagnosed as having left Achilles tendinosis, abdominal contusion, sprains of the bilateral ankles, knee sprains, left hip, and left shoulder; cervical disc herniations of cervical 3-4 and cervical 5-6, and lumbar disc herniations of lumbar 4-5 and lumbar 5-sacral 1. Treatment to date has included work modifications, elastic knee support, physical therapy, left ankle brace, pain, muscle relaxant and non-steroidal anti-inflammatory medications. On August 1, 2014, the injured worker complains of low back pain radiating down the bilateral legs to the toes. The pain is described as aching, stabbing, and numbness. He has aching, stabbing and burning pain of the left shoulder radiating down the left arm. He also has neck pain radiating to his bilateral shoulders and arms with numbness and tingling of the fingers. He has left ankle pain and swelling, and stabbing left hip pain. The physical exam revealed tenderness of the shoulders, decreased range of motion of the shoulders, and a positive left shoulder O'Brien's test. There was tenderness of the left Achilles tendon and edema. The treatment plan includes continuing his pain medications. The medications listed are Norco, Flexeril and Meloxicam. A Utilization Review determination was rendered recommending non-certification for Norco 10/325mg #120 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with sedatives. The records indicate that the patient had been on chronic opioids medications for maintenance treatment not for short term treatment of exacerbation of pain. There is lack of guidelines required mandatory documentation of frequent clinic re-evaluations, compliance monitoring with UDS, CURES data checks, absence of aberrant behaviors and functional restoration. The guidelines did not support the prescriptions of multiple opioid medication Refills because of the need to evaluate the patient for continual opioid requirements. The criteria for the use of Hydrocodone/APAP 10/325mg #120 2 Refills was not met and the request is not medically necessary.