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| <b>Case Number:</b>   | CM14-0214970 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 04/20/2008 |
| <b>Decision Date:</b> | 02/25/2015   | <b>UR Denial Date:</b>       | 11/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/22/2014 |

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 patient who sustained a work related injury on 4/22/2008. Patient sustained the injury when he was lifting a heavy drill. The current diagnoses include cervical degenerative disc disease with moderate to severe central and bilateral foraminal stenosis with associated bilateral upper extremity radiculopathy, bilateral rotator cuff tears, right knee anterior cruciate ligament (ACL) tear and medial meniscus complex tear, and lumbar herniated nucleus pulposus with annular tear and lower extremity radiculopathy. Per the doctor's note dated 11/3/14, patient has complaints of pain in right knee that was aggravated by any type of weight bearing that limits his mobility and activity tolerance and neck pain that radiates down to both upper extremities. Physical examination of the cervical region revealed limited ROM on both his shoulders bilaterally in flexion and abduction to 120 degrees, decreased sensation to pinwheel at C5 and C6 dermatomes on the left when compared to the right. Physical examination of the lumbar region revealed tenderness on palpation limited range of motion and positive SLR. He had a corticosteroid injection to his right knee on 4/04/14 that gave him 50-60% relief for 4 months. The current medication lists include Norco, Soma, Glucosamine, Prilosec, Valium, Anaprox and Cialis. The patient has had MRI of the cervical spine on 5/3/12 that revealed disc protrusion and foraminal narrowing; right knee MRI that revealed meniscus tear; EMG revealed cervical and lumbar radiculopathy and MRI of the bilateral rotator cuff tear. He had received corticosteroid and Synvisc injection for this injury The patient has received an unspecified number of PT visits for this injury. The patient's urine sample was qualitatively positive for opiates and benzodiazepines, which were consistent.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 150:** 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, therapeutic trial of opioids Page(s): 76-80.

**Decision rationale:** Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to California MTUS guidelines cited below, "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 patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is 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. Continuing 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 provided do 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 is not documented in the records provided. As recommended by MTUS, a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 mg # 150 is not established for this patient. Therefore, this request is not medically necessary.