

<b>Case Number:</b>	CM15-0019206		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 56 year old male, who sustained a work/ industrial injury as a recycling engineer on 12/26/07 when he fell off a ladder injuring both of his shoulders, back, and left hip. He has reported symptoms of chronic low back pain and neck pain with radiculopathy. Prior medical history was noncontributory. The diagnoses have included lumbar degenerative disc disease and S1 radiculopathy and cervical sprain/strain. Treatments to date included two surgeries for rotator cuff repair and adhesive capsulitis, neurosurgical consult for radiculopathy of the lower extremity, physical therapy, aquatic therapy, and medication. Diagnostics included a Magnetic Resonance Imaging (MRI) on 1/21/10 that demonstrated a focal disc bulge at L3-4 extending to the right intervertebral foramen, slight encroachment on the L3 nerve root. Electrodiagnostic testing from 3/17/10 noted mild abnormality in the left S1 distribution which suggested nerve root irritation consistent with mild radiculopathy. Per the treating physician's report of 1/19/15, there was 20% decrease in symptoms from medication and treatment. There was numbness in the right leg, pain in the low back, and pain in the bilateral hips. Prior reporting noted use of opioids since 3/11/11 with continuation of weaning for Norco tablets. On 1/27/15, Utilization Review modified Norco 10/325 mg #120 to Norco 10/325 mg #25 (between 1/6/15 and 3/23/15), noting the California Medical treatment Utilization Schedule (MTUS) , Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbago; lumbosacral spondylosis without myelopathy; and osteoarthritis localized, primary involving shoulder region. The documentation indicates the injured worker has been taking Norco since March 11, 2011. A urine drug toxicology screen December 3, 2013 was inconsistent. Metabolites included morphine and hydromorphone and codeine. The injured worker states pain is relieved approximately 20% in the January 6, 2015 progress note. A recent urine drug screen was consistent for Norco only. There have been no attempts in the medical record to wean the narcotic dose. There is no documentation with objective functional improvement in the medical record. There are no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement to judge the efficacy of Norco with a history of inconsistent urine drug screen containing nonprescribed opiate substances, Norco 10/325 mg #120 is not medically necessary.