

<b>Case Number:</b>	CM15-0179302		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/27/1998
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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

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:

The injured worker is a 56 year old male with an industrial injury dated 03-27-1998. A review of the medical records indicates that the injured worker is undergoing treatment for cervical discopathy with disc placement, cervical radiculopathy, lumbar discopathy with disc placement status post lumbar fusion, lumbar radiculopathy, bilateral sacroiliac (SI) arthroplasty and mood disorder. Treatment has included Electromyography (EMG) dated 02-10-2015, urine drug screen, prescribed medications, and periodic follow up visits. Medical records (03-11-2015 to 08-01-2015) indicate ongoing lower back pain radiating to the midback between the shoulder blades. The injured worker reported left foot cramping, left leg pain with radiation to the left buttock and left hip area down to left foot. The injured worker also reported numbness and tingling of the right leg, neck pain with radiation to bilateral arm with associated numbness and tingling, right forearm pain with numbness and tingling, cramping of the left groin, and bilateral sacroiliac (SI) joint pain aggravated by twisting, bending or direct pressure. Records (8-01-2015) also indicated that the injured worker did not wish to continue with Norco and would rather use compound creams for his pain control. The injured worker was last provided with Norco on 06-28-2015. According to the progress note dated 08-01-2015, objective findings revealed tenderness to palpitation of the cervical paraspinal musculature and bilateral trapezius muscles with decreased range of motion secondary to pain and stiffness. Physical exam also revealed tenderness to palpitation in the right forearm and positive Tinel's sign. Lumbar spine exam revealed tenderness to palpitation with decreased range of motion secondary to pain and stiffness, positive straight leg raises in the left lower extremity, tenderness to palpitation over

the bilateral sacroiliac (SI) joints, and positive Patrick's and Fabere test. The treatment plan included medication management and diagnostic testing. Medical records indicate that the injured worker has been on Hydrocodone since at least 01-22-2015. Urine drug screen dated 02-07-2015 indicated that Hydrocodone was inconsistent with prescription therapy. The original utilization review determination (08-25-2015) non-certified the request for Norco 10-325mg 1 tablet PO Q4H PRN #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg 1 tablet PO Q4H PRN #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** Per the MTUS guidelines, the long-term use of opioids is not supported. Per the MTUS guidelines, opioids are not supported for chronic non-malignant pain. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. In this case, the medical records note that the injured worker did not want to continue opioids. The medical records also note that urine drug screens have been inconsistent. Norco was prescribed; however, not detected. Given these factors, the request for Norco 10/325mg 1 tablet PO Q4H PRN #120 is not medically necessary and appropriate.