

Case Number:	CM14-0173779		
Date Assigned:	10/27/2014	Date of Injury:	08/31/2010
Decision Date:	12/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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:

The patient is a 53-year-old male with an injury date of 08/31/2010. Based on the 07/08/2014 progress report, the patient complains of having neck pain, left wrist pain, and hand pain. He has numbness, residual aching, and a stabbing pain in his left wrist/hand. His neck pain and upper back pain has tingling as well, rating it as a 5/10. The patient also has lower back pain which he rates as a 6/10 and comes with burning sensation. His left thigh pain is rated as a 3/10 with a burning sensation over the posterior thigh. He has aching left knee pain which he rates as a 2/10. The patient has mild torticollis and a positive head compression sign. He has a positive Spurling's maneuver as well as tenderness and muscle spasm in his cervical spine. The levator scapula has swelling/inflammation. In regards to the left wrist/hand, the patient has sensitivity to the hand and has residual numbness to the median nerve. The 07/11/2014 report indicates that the patient has cervical spine pain, neck pain, and lower back pain which he rates as a 5/10. He also has lumbar spine pain with radiating symptoms to the bilateral lower extremities. In regards to the cervical spine, the patient has moderate to severe facet tenderness at C3 through C7 levels. There is mild to moderate tightness, tenderness, and spasms in the cervical paraspinal muscles. In regards to the upper extremity, the patient has swelling in the bilateral hands, tenderness at the flexor forearm muscles, and a surgical incision scar on the right medial elbow. There is mild to moderate spasms, tightness, and tenderness to paralumbar musculature. There is pain with all lumbar spine range of motion. In regards to the lower extremity, there is tenderness over the sacroiliac joint. In the 08/26/2014 report, the patient rates his aching neck pain as a 5/10, his lower back pain as a 3/10, his left knee pain as a 3/10, and his left thigh pain as a 1/10. The patient's diagnoses include the following: 1. C5-C6 and C6-C7 disk herniations with C6-C7 right-sided radiculopathy. 2. L3-L4, L4-L5, and L5-S1 discopathy with radiculopathy. 3. Status

post right ulnar nerve decompression and carpal tunnel release, 07/13/2013.4. Status post left carpal tunnel release, 06/14/2014.5. Left cubital tunnel syndrome.6. Left knee internal derangement. The utilization review determination being challenged is dated 09/22/2014. Treatment reports were provided from 04/29/2014 - 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 1 refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: According to the 08/26/2014 progress report, the patient complains of having neck pain, bilateral hand/wrist pain, and lower back pain. The request is for Norco 10/325 mg #90 with 1 refill for pain control. The patient has been taking Norco as early as 04/29/2014. MTUS Guidelines page 88 and 89 states, pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures the include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 04/29/2014, 07/08/14, and 08/26/14 reports all state that "He is currently taking Norco, amlodipine, atenolol, Wellbutrin, Ativan, and Ultram, which he states are helping... A review of the chart reveals that the patient has been using Norco for a prolonged period of time. Having the medication discontinued abruptly can cause life-threatening withdrawals. Therefore, if the Norco is longer authorized, I recommend that wean the patient from the medication in a safe fashion...The Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain." It appears as though the progress reports indicate the same information in regards to what Norco has done for the patient. There are no discussions provided on adverse side effects/behavior or any recent urine drug screens. The 08/26/2014 report states that the patient can return to work on 09/02/2014. "He is currently able to function reasonably well. We are going to let him return to work." It is not known whether or not it is opiates that are allowing the patient to return to work. Pain scales are used but no before and after to show analgesia or functional change due to Norco. Therefore, this request is not medically necessary.