

Case Number:	CM14-0036877		
Date Assigned:	06/25/2014	Date of Injury:	05/16/2003
Decision Date:	07/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/26/2014

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 Occupational Medicine 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 claimant was injured on 05/16/03. He has been prescribed Norco which is under appeal. He injured his neck, low back, shoulders, and right elbow and has chronic pain. He was injured when he fell partially through some plywood. He has had very extensive surgical history and interventional pain management. He also had psychotherapy for pain management. He has had extensive ongoing use of opioids for years. He is status post H wave unit, cervical and lumbar ESI's, laminectomy and discectomy at L4-5 and L4-S1 bilateral foraminotomies in 2004. He underwent left shoulder arthroscopic decompression in November 2003. He was incarcerated for 18 months and was recently released and needed treatment. Cervical spine MRI (June 2013) showed mild stenosis at C5-6 more than C6-7 and severe left and moderate right narrowing at C3-4 and C4-5. He had severe right more than left narrowing at C5-6 and C6-7. MRI of the lumbar spine in July 2013 revealed a right laminotomy at S1-2 and resection of the extruded disc at L3-4. He had moderate left foraminal stenosis. He had an MRI of the left shoulder in 2013. He saw [REDACTED] on 12/03/13 and also complained of knee pain. He had just started acupuncture. He was waiting for a second opinion. His pain was getting worse. He was finishing physical therapy for the low back. He had plateaued but was exercising. He wanted to increase the Norco to 6 per day. He had no problems driving with it. He was on Norco, Relafen, and Flexeril. He had decreased range of motion of the shoulder and a normal gait and these were the only findings that were documented. He wanted to try him on Lexapro instead of increasing the Norco. He did not do well with antidepressants. [REDACTED] did not want to increase the Norco. On 01/20/14, there were minimal objective findings and he reported that his pain with opioids every 4 hours went from 7/10 to 1/10. The doctor increased him from 5-6 tablets of Norco daily based on subjective complaints only. There is no evidence of functional improvement based on the use of opioids. His pain averages 5/10. He stated the medications take 20 minutes to work and

typically last 3-4 hours. He was taking the medication every 4 hours. It allowed him to say functional and independent with activities of daily living. He was able to walk 30 minutes daily. He primarily complained of his left shoulder and had neck pain down the right upper extremity. Cervical ESI's had not helped. He was using Norco and Relafen. The Flexeril was stopped and he was given his Zanaflex. He was using Wellbutrin to stop smoking per his private physician. He did not want to try Lexapro. A second opinion orthopedic evaluation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablets #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of the opioid, Norco. The MTUS outlines several components of initiating and continuing opioid treatment and states "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." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Some of this information, but not all, has been noted. There is no evidence that he is involved in periodic drug screening. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. There is no evidence that a signed pain agreement is on file at the provider's office or that a pain diary has been recommended. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated.