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| <b>Case Number:</b>   | CM14-0043344 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 08/22/1994 |
| <b>Decision Date:</b> | 07/22/2014   | <b>UR Denial Date:</b>       | 02/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2014 |

### 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 and Rehabilitation, has a subspecialty in Pain 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:

This is a 60-year-old female who sustained a remote industrial injury on 08/22/94 diagnosed with chronic pain syndrome, pain in joint of the lower leg, localized osteoarthritis of the lower leg, lumbosacral spondylosis without myelopathy, headache, disorders of the sacrum, degeneration of the lumbar or lumbosacral intervertebral disc, depressive disorder, degeneration of cervical intervertebral disc, chronic migraine without aura, and esophageal reflux. Mechanism of injury occurred when the patient fell from a ladder when she was 20 feet up, injuring her right foot, left knee, buttocks, back, and right wrist. The request for 1 prescription of Norco 10/325mg #90 was modified to certify 1 prescription of Norco 10/325mg #30 between 02/17/14 and 04/26/14 at utilization review in order to continue the weaning process, as the patient's daily opioid use exceeded the recommended guidelines and significant benefit was not reported. The most recent progress note provided is 03/18/14. Patient complains primarily of increased lower back, mid thoracic back, and left knee pain due to an increase in activity with an average pain level of a 3-4/10. Prolonged standing and walking aggravate the pain. The treating physician notes that the patient's pain, sleep pattern, and functionality are worse although the patient's medication usage is the same. Physical exam findings reveal diminished range of motion of the neck; stiffness and diminished range of motion of the left knee; flattening of normal lumbar lordosis; tenderness to palpation over the paravertebral muscles in the cervical spine; Facet loading test is positive bilaterally; Sacroiliac joints are tender on the left side; spine extension is restricted and painful; and the patient has an antalgic gait. Current medications include: Relpax 40mg, Lovastatin 20mg, Hydrochlorothiazide 25mg, Nexium 40mg, 1 tablet of Norco 10/325mg every 6 hours, Natriptyline Hcl 50mg, and 1 capsule of Morphine Sulfate CR 50mg every 12 hours. It is noted that the patient has a signed narcotic agreement, the patient undergoes urine toxicology screenings, and Controlled Substance Utilization Review & Evaluation System reports are

reviewed for compliance. Provided documents include several requests for authorizations of medications and several previous progress reports that highlight continuous prescriptions of 1 tablet of Norco 10/325mg every 6 hours. The patient's previous treatments include several surgeries, medication, physical therapy, vocational rehabilitation, psychotherapy, cortisone injections, pool therapy, radiofrequency lesioning, trigger point injections, and medial branch blocks. Imaging studies are not provided.

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

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

#### **1 PRESCRIPTION OF NORCO 10/325MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** According to the MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analog scale scores pre- and post-opioid use. Rather, the recent progress reports note that the patient's pain, sleep pattern, and functionality are worse although the patient's medication usage is the same. The patient's daily morphine equivalent exceeds the 120 mg/24 hr as recommended by guidelines. The results of Urine Drug Screenings are also not provided for review. Due to this lack of documentation, the ongoing use of chronic opioids is not supported by MTUS guidelines. Thus, 1 prescription of Norco 10/325 mg #90 is not medically necessary and appropriate.