

<b>Case Number:</b>	CM14-0057054		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/09/2006
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 and is licensed to practice in Texas. 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 injured worker is a 61-year-old female who reported an injury on 08/09/2006 due to an unknown mechanism. Diagnoses were status post C5-6 and C6-7 interior cervical discectomy and fusion (03/2009), bilateral upper extremity radiculopathy, status post L5-S1 posterior lumbar interbody fusion (11/2009), bilateral lower extremity radiculopathy left greater than right, status post lumbar spinal cord stimulator implant (03/31/2011), and medication induced gastritis. Past treatments were physical therapy, trigger point injections, and lumbar spinal cord stimulator. Diagnostic studies were EMG of the upper extremity that revealed a C6 radiculopathy with bilateral carpal tunnel syndrome, and a CAT scan of the lumbar spine. The CAT scan revealed a 3 to 4 mm posterolateral disc protrusion at the L4-5. The injured worker had a physical examination on 04/03/2014 that revealed severe and debilitating pain in the lower back that radiated down to both lower extremities. The pain was rated at a 5 in intensity. It was reported that the pain was manageable on the current medical regimen. The injured worker had a followup with a neurosurgeon who recommended further surgical intervention of the lumbar spine. The injured worker has decided that she does not want any further surgery in the lumbar spine. It was reported that the injured worker continues to rely on lumbar spinal cord stimulator, which was reported to give a significant relief to at least 50% of the radicular symptoms in the lower extremities, and 30% relief to ongoing low back pain. It was also reported that the injured worker has been slowly coming down on the Norco, and will continue to keep coming down. Examination of the cervical spine revealed increased muscle rigidity with palpation. There were numerous trigger points palpable throughout the cervical paraspinal muscles, upper trapezius, and medial scapular regions. There was tenderness to palpation along the posterior lumbar musculature with decreased range of motion with both flexion and extension. Straight leg raise was positive on the left at 60 degrees, negative on the right. There was decreased sensation along

the posterolateral thigh and calf and dorsum of the foot on the left. Medications were Prilosec 20 mg, Colace 100 mg, Soma (3 to 4 tablets a day), nortriptyline 50 mg (one 3 times a day), Topamax 25 mg, Norco 10/325 mg (6 to 8 tablets every day as needed), and MS-Contin 15 mg. Treatment plan was to continue medications as directed and request physical therapy for the cervical and lumbar spine. The rationale and Request for Authorization were not submitted.

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

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

**Norco 10/325mg six (6) to eight (8) tablets every day (QD) PRN #240:** 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 Ongoing Management, When to continue Opioids Page(s): 78, 80.

**Decision rationale:** The MTUS Chronic Pain Guidelines states there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. There are 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS Chronic Pain Guidelines state if the patient has returned to work or if the patient has improved functioning and pain, then opioids should be continued. The injured worker does not have documentation of improved functioning and improved pain relief. The 4 A's recommended by the medical guidelines were not reported. Therefore, the request is not medically necessary.