

Case Number:	CM14-0085052		
Date Assigned:	07/23/2014	Date of Injury:	05/01/2008
Decision Date:	09/03/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 injured worker is a 43-year-old male who reported an injury on 05/01/2008 due to several industrial injuries where he sustained multiple fractures to the left distal radius, left ulnar, and left proximal humerus requiring open reduction and internal fixation. The injured worker has diagnoses of lumbar disc degeneration with radiculopathy. The injured worker's past treatment includes physical therapy and medication therapy. Medications consist of Vicodin 5/500 mg 1 tablet 2 times a day, Cymbalta 30 mg 1 tablet by mouth nightly, Inderal 20 mg 1 tablet 2 times a day, and Ambien 10 mg 1 tablet at bedtime. The injured worker has undergone MRI of the lumbosacral spine on 05/02/2009, MRI of the left shoulder on 05/02/2009, MRI of the lumbar spine no date submitted, and an MRI on 11/02/2011. The injured worker is status post left sacroiliac joint stabilization and pubic symphysis stabilization on 05/01/2008. The injured worker also underwent open reduction and internal fixation to the left distal radius, left ulnar and, left proximal humerus on 05/02/2008. The injured worker complained of low back and lumbar pain. The injured worker described the pain as stiff and sharp. The injured worker also stated that the pain was aching, burning, stabbing, throbbing and shooting, with pressure that radiated down the left leg. The injured worker rated his pain at a 5-6/10. The physical examination dated 04/29/2014 revealed that the injured worker's gait and station were mid position without abnormalities. There was a slight loss of muscle mass. The injured worker has limited range of motion to his left upper extremity at the shoulder with abduction to 100 degrees with a sharp increase in pain. He also demonstrated restricted range of motion to his left arm. Examination of the lumbosacral spine revealed a positive FABERE maneuver left worse than the right, positive Gainslen's maneuver, Patrick's maneuver bilaterally, stork test and pelvic rock maneuver bilaterally. The injured worker also had tenderness bilaterally. Part of the treatment plan is to have the injured worker continue taking Norco 10/325 for pain 4 times a day as

needed. The rationale was not submitted for review. The Request for Authorization form was submitted on 03/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg four times per day as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75, On-Going Management, page 78 and Opioids for chronic pain, page 80 Page(s): 75, 78, 80.

Decision rationale: The request Norco 10/325 mg four times per day as needed #120 is not medically necessary. The injured worker complained of low back and lumbar pain. The injured worker described the pain as stiff and sharp. The injured worker also stated that the pain was aching, burning, stabbing, throbbing and shooting, with pressure that radiated down the left leg. The injured worker rated his pain at a 5-6/10. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that opioids (Norco) appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS guidelines also state that an 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. The documentation submitted for review indicated that the Norco was helping the injured worker. However, there was no quantified information regarding pain relief. There was no assessment regarding average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding urine drug screens. In addition, there was no mention of a lack of side effects. Given the above, the request for ongoing use of Norco 10/325 mg is not supported by the CA MTUS Guideline recommendations. As such, the request for Norco 10/325 mg four times per day as needed #120 is not medically necessary.