

<b>Case Number:</b>	CM14-0195716		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/20/2006
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 31 year old injured worker incurred a work injury to the back on 06/20/2006. Her diagnoses are displacement of lumbar intervertebral disc without myelopathy, and lumbago. In an exam of 11/06/2014, the IW complained of low back pain with radiation to both lower extremities, and upper back pain with radiation to the right arm. Her pain is rated 8/10 according to the notes of 11/06/2014, the pain is described as moderate sharp, throbbing, dull, aching, cramping and burning with skin sensitivity to light touch. The pain is relieved with medication and relaxation. An electromyogram reflected radiculopathy. Examination of the cervical spine reveals full range of motion in all plains, and a negative Spurling's bilaterally. The lumbar spine examination reveals full range of motion with flexion 60 degrees, extension 15 degrees, and side bending 20 degrees bilaterally. On exam there was tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasm. A positive straight leg raise test was present on the right in the seated and supine position to 50 degrees. Sensation over the right L5 and S1 dermatomes was diminished. The IW exhibited symptoms of worsening depression, crying, insomnia, and anxiety attributed to pain and isolation. The IW had been taking Cymbalta for two months and the medication was interrupted in October preceding the 11/06 visit due to denial by the claims administrator. Over the life of the claim, the IW has had physical therapy and chiropractic therapy with relief, but this treatment was not recent. The treatment plan on 11/06/2014 included an epidural steroid injection at L5-S1, Norco 10/325mg one orally up to twice daily as needed, Cymbalta 60mg by mouth once daily, and a psychology evaluation. . A request for authorization (ROA) made 11/07/2014 requested Norco 10/325mg #60, Cymbalta

60mg #30, a Psychology evaluation, and a Lumbar epidural steroid injection at L5-S1. Following a review of the records, the Utilization Review (UR) in a peer review gave modified approval of Norco 10/325 mg #30 for (a one month supply) to wean, and approved Cymbalta 60mg by mouth once daily #30 . The Claims Administrator sent an objection letter sent regarding the Cymbalta. CA-MTUS (California Medical Treatment Utilization Schedule) was referenced for the as was ODG (Official Disability Guidelines). On 11/21/2014 the IW made application for independent medical review for the Norco and Cymbalta.

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

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

**Norco 10/325mg #60:** 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 Page(s): 75-91.

**Decision rationale:** The patient presents with pain affecting her lumbar spine. The current request is for Norco 10/325mg #60. The treating physician states, "Patient wanted increase in Norco as she says she takes up to 3 a day at time. I explained to her she should never exceed prescribed dose and we will leave the current prescription as it is for now. Norco works better for the patient so we agreed short term to stop Tramadol and increase Norco to bid while therapy and discomfort is in a continued pattern."(16) The MTUS guidelines state, "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, as well as "pain assessment" or outcome measures that 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. In this case, the treating physician has documented that the patient has had somewhat decreased pain with the use of Norco and has been on Norco in the past, but did not state if the patient was having any side effects, functional improvement, or aberrant behavior. The MTUS guidelines require much more thorough documentation for continued opioid usage. Recommendation is for denial and slow weaning per the MTUS guidelines.