

<b>Case Number:</b>	CM15-0109276		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	10/10/2005
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	05/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 57 year old female who sustained an industrial injury on 10-10-05. A review of the medical records indicates she is undergoing treatment for medial epicondylitis, facet arthropathy C6-7, degenerative scoliosis, grade I spondylolisthesis L5 and S1, chronic intractable pain, bilateral knee degenerative joint disease, cervical pain, left leg radiculopathy, status post left shoulder surgery, status post right knee arthroscopy, and status post left total knee arthroplasty. Medical records (8-28-14 to 4-10-15) indicate complaints of neck pain that radiates down the left shoulder and mid scapular region. She rates the pain "5-6 out of 10" with use of medications and "7-8 out of 10" without use of medications. She also complains of low back pain and intermittent numbness over the left buttock, rating the pain "5-6 out of 10" with use of medication and "7-8 out of 10" without use of medication (4-10-15). The physical exam (4-10-15) reveals "tenderness or spasm" of the left trapezius musculature and over the left interscapular space. Decreased sensation is noted over the left C5 dermatome distribution and paresthesia to touch over the left C6 and C7 dermatome distribution. Motor strength is "5 out of 5" for shoulder abduction, elbow flexion and extension, wrist flexion and extension, finger abduction, and thumb abduction. Her gait is noted to be antalgic. She uses a single point cane for walking. No palpable tenderness is noted in the lumbar spine. Decreased sensation is noted over the right L4 dermatome distribution. Ankle reflexes are absent bilaterally. Motor strength of the hip flexion is "4 out of 5" bilaterally. Straight leg raise is positive at 60 degrees on the right side. Diagnostic studies have included a bone density scan of the hip and spine on 4-10-15 and random drug screening. An MRI of the cervical spine has been authorized and is pending

completion. Treatment has included radiofrequency ablation of the cervical spine on 1-12-14 and medications. Her current medications (4-10-15) include Norco 10-325mg, enteric coated Aspirin 81mg, Benazepril 40mg, Bupropion XL 300mg, Byetta 10mcg per 0.04ml, Cymbalta 60mg, Detrol LA 4mg, Metformin 850mg, Metoclopramide 10mg, Simvastatin 40mg, Vitamin D 1000 units, Furosemide 40mg, Neurontin 300mg, and Ranitidine 150mg. She has been receiving Norco 10-325 since, at least, 2-28-14. The treating provider indicates "no aberrant behavior". Activities of daily living are noted to be "increased" with use of medications. The utilization review (5-9-15) includes a request for authorization of one prescription of Norco 10-325mg #120. The request was modified to a quantity of 40.

### **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 #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Norco 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are medial epicondylitis; facet arthropathy C6 - C7; degenerative scoliosis; grade 1 spondylolisthesis L5 on S1; chronic intractable pain; bilateral knee degenerative joint disease; cervical pain; left leg radiculopathy; status post left shoulder surgery, right knee arthroscopy and left total knee arthroplasty. Date of injury is October 10, 2005. Request for authorization is April 10, 2015. The early progress note containing a Norco 10/325mg prescription was dated August 28, 2014. According to April 10, 2015 progress note, the injured worker is awaiting MRI of the cervical spine. Patient continues to use Norco regarding ongoing pain complaints. That pain from neck and radiates down the left shoulder with a pain score of 6/10. Low back pain has a pain score of 6/10. Objectively, there is left trapezius tenderness to palpation. Motor examination is normal. Sensation is decreased over the left C5 dermatome. Lumbar spine paravertebral muscles are tender to palpation. Documentation states injured worker meets the 4 A's of pain management. However, there is no subjective improvement in pain or objective functional improvement. Additionally, there is no documentation indicating an attempt at weaning Norco. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no subjective improvement and no attempt at weaning, one prescription Norco 10/325mg # 120 is not medically necessary.

