

<b>Case Number:</b>	CM15-0164154		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	02/10/2002
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 2-10-02. He has reported initial complaints of a fall from 12-16 feet from cross braces face first onto the dirt ground with loss of consciousness and numbness in the feet and hands. The diagnoses have included low back pain, lumbosacral disc degeneration, lumbar radiculopathy, cervical pain, knee pain and cervical disc disorder. Treatment to date has included medications, activity modifications, diagnostics, left knee surgery, physical therapy, chiropractic, lumbar epidural steroid injection (ESI), pain management, Transcutaneous electrical nerve stimulation (TENS) and other modalities. Currently, as per the physician progress note dated 7-16-15, the injured worker complains of neck pain, low back pain, right shoulder pain, bilateral wrist pain and left knee pain rated 6.5 on scale of 1-10 with medications and 9 on pain scale of 1-10 without medications. The sleep quality is poor and activity level is decreased. He has stopped taking Baclofen, Lidoderm patches, and Flexeril due to limited efficacy. The current pain medications included Ambien, gabapentin, MS Contin, Norco, and Soma. The urine drug screen dated 3-26-15 was inconsistent with the medications prescribed. The objective findings-physical exam reveals that the injured worker is wearing a left knee brace and back brace. He appears to have a depressed affect. He ambulates with a cane and antalgic gait. The cervical exam reveals tenderness to palpation. The cervical range of motion is flexion 35 out of 50 degrees, extension 35 out of 60 degrees, right rotation 55 out of 80 degrees, left rotation 50 out of 80 degrees, right lateral bend 35 out of 45 degrees and left lateral bend 25 out of 45 degrees. There is pain with end cervical range of motion and cervical facet loading pain. The bilateral shoulder exam

reveals tenderness to palpation, decreased range of motion bilaterally, and positive Hawkin's sign on the right. The bilateral wrist exam reveals right wrist decreased range of motion with extension. The left wrist radial deviation is 25 out of 20 degrees and ulnar deviation is 35 out of 30 degrees. There is edema noted in the right wrist. The lumbar spine exam reveals decreased range of motion and pain with lumbar flexion. The left knee exam reveals tenderness to palpation, edema and effusion are noted, left knee range of motion is 130 out of 150 degrees, and extension is 10 out of 0 degrees. There is pain with varus and valgus maneuvers of the left knee and pain with patellar mobilization of the left knee. The physician requested treatment included 1 prescription of Norco 10-325mg #90.

### **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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. In this case, the injured worker's overall function levels have decreased with the use of Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for 1 prescription of Norco 10/325mg #90 is determined to not be medically necessary.