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| <b>Case Number:</b>   | CM15-0165833 |                              |            |
| <b>Date Assigned:</b> | 09/03/2015   | <b>Date of Injury:</b>       | 05/03/2003 |
| <b>Decision Date:</b> | 10/06/2015   | <b>UR Denial Date:</b>       | 08/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/24/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 52-year-old male, who sustained an industrial injury on 5-3-03. Initial complaints were the result of a motor vehicle accident injuring his cervical, lumbar, and bilateral knees. The injured worker was diagnosed as having bilateral knee osteoarthritis; cervical fusion; lumbar disc disease with radiculopathy; osteoarthritis. Treatment to date has included status post anterior cervical discectomy C5-6 with microscopic foraminotomy-placement of rigid bone cage C5-6-placement of anterior plate and screws with rigid fixation (3-3-07); physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 7-8-15 indicated the injured worker complains of longstanding neck and low back pain. He reports his pain is consistent at 7 out of 10 on the pain scale and unable to sleep. His neck pain is localized and radiates to its surrounding shoulder and neck muscles with stiffness and throbbing pain. He reports he is unable to walk, bend or sit for long periods of time due to low back pain. He does not find any alleviating factors and has gained weight due to his inactivity. The provider lists these medications the injured worker is taking currently: Norco, Soma, Amitriptyline, Baclofen, Diclofenac ER and Omeprazole. He walks with an antalgic gait-positive limp. His cervical spine examination notes range of motion is limited secondary to pain and approximately 10% of normal. He has exquisite tenderness to palpation at the neck and cervical joints and surrounding muscles. His left and right shoulder examinations note tender to palpation with positive Hawkin's test. Thoracolumbar spine examination notes tender to palpation over the paralumbar muscles with notes trigger point spasms. Examination of the bilateral knees notes tenderness to palpation in all quadrants of his knee joints predominantly the medial condyles with crepitus on flexion

and extension of the knees. He has a positive patellar apprehension test as well. The treatment plan notes extensive education on weight loss with hypertension concerns He is referring him to another provider for consult on gastric-bypass. He is also discussing patient education on smoking. The provider is requesting authorization 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:

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The current request is for Norco 10/325mg #90. The RFA is dated 07/08/15. Treatment to date has included status post anterior cervical discectomy C5-6 with microscopic foraminotomy-placement of rigid bone cage C5-6-placement of anterior plate and screws with rigid fixation (3-3-07); physical therapy; urine drug screenings; and medications. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS, pages 88 and 89 states, "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 (analgesia, ADLs, adverse side effects, and adverse behavior), 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 07/08/15, the patient presents with chronic neck and low back pain. He reports his pain as a consistent 7-10 on the pain scale and reports being unable to sleep due to pain. His neck pain is localized and radiates to its surrounding shoulder with stiffness and throbbing pain. He reports he is unable to walk, bend or sit for long periods of time due to low back pain. He does not find any alleviating factors and has gained weight due to his inactivity. Current medications include Norco, Soma, Amitriptyline, Baclofen, Diclofenac ER and Omeprazole. The patient has been prescribed Norco since at least 07/15/14. There is discussion regarding medication efficacy. The treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant improvement with utilizing long term opiate. Although there are multiple UDS provided for review, there is no CURES report or any discussion regarding adverse side effects. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary and recommendation is for slow weaning per MTUS.