

Case Number:	CM15-0180605		
Date Assigned:	09/22/2015	Date of Injury:	08/25/1991
Decision Date:	10/26/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 63 year old female who reported an industrial injury on 8-25-1991. Her diagnoses, and or impressions, were noted to include: occipital neuralgia; cervical myofascial pain syndrome; cervical radiculopathy; lower cervical facet arthropathy; lumbar radiculopathy and facet arthropathy; sacroiliac joint dysfunction; lumbar discogenic spine pain; status-post right thoracic outlet surgery; and trochanteric bursitis. Recent toxicology studies were noted on 5-21-2015; no current imaging studies were noted. Her treatments were noted to include: a bilateral occipital nerve block on 3-17-2015; cervical epidural steroid injection on 5-12-2015; medication management with toxicology studies; and rest from work as she was noted to be retired. The progress notes of 7-23-2015 reported a follow-up visit for complaints which included: no change in pain condition of constant lower back, buttock, cervical area, and upper extremity pain, and headaches, rated 4-6 out of 10; and was stable on current medication regimen which allowed her to perform her activities of daily living and to garden. The objective findings were noted to include upper trapezius fullness; severe tightness and tenderness over the para-cervical area that was with spasms and marked limited range-of-motion; severe tenderness over the lower cervical facet joints, worse with movement of the cervical spine, which was limited, right > left; severe tenderness over the right lower lumbar facet joints, right > left; positive lumbar spine extension; severe tenderness over the sacroiliac joint with positive distraction- Patrick's test; positive thrust, Gaenslen's, sacroiliac joint compression, Yeoman's, Patrick's and Fabere's tests; severe tenderness over the trochanteric bursa and greater trochanteric bursa areas; a slow and painful gait; diffuse weakness and weak right hand grip; decreased

cervical sensation; and weak right brachioradialis and biceps reflexes. The physician's requests for treatment were noted to include Norco 10-325 mg, 1 every 4-6 hours as needed. The progress notes as far back as March 26, 2015 noted the use of Norco 10-325 mg, #120, 1 every 4-6 hours as needed, with a maximum of 4 per day. The Request for Authorization, dated 8-4-2015, was noted to include Norco 10-325 mg, #120, for lumbar facet arthritis. The Utilization Review of 8-27-2015 modified the request for Norco 10-325 mg, #120, to #87.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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, Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1991 and continues to be treated for neck and back pain, occipital neuralgia, lumbar radiculopathy, sacroiliac joint dysfunction, and trochanteric bursitis. When seen, her condition was unchanged and stable with the current medications. Medications are referenced as allowing the claimant to perform activities of daily living and gardening. When seen, pain was rated at 3-7/10. Physical examination findings included a PMI of nearly 30. There was markedly decreased cervical spine range of motion with tightness and tenderness and muscle spasms. There was lower cervical facet joint tenderness. Sacroiliac joint testing was positive. There was lumbar facet tenderness and pain with extension. There was severe trochanteric bursa tenderness. There was decreased grip strength and decreased upper extremity sensation. Straight leg raising was negative. Medications were refilled. Norco was being prescribed at a total MED (morphine equivalent dose) of 40 mg per day. At a subsequent visit, she was having increased pain after her medications had been partially denied. She had positive straight leg raising and her lumbar spine range of motion had decreased. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing improved activities of daily living and activity tolerance and there was increased pain with more lumbar spine impairment when the dose was reduced. The total MED was less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary. Therefore, the request is medically necessary.