

Case Number:	CM15-0181641		
Date Assigned:	09/22/2015	Date of Injury:	07/31/2001
Decision Date:	11/03/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/15/2015

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 58 year old male who sustained an industrial injury on 7-31-01. A review of the medical records indicates he is undergoing treatment for low back pain with ongoing radicular symptoms and neuropathic pain, bilateral knee pain, carpometacarpal joint arthrosis at the bilateral thumb bases, a history of carpal tunnel syndrome bilaterally, and a history of bilateral de Quervain's tenosynovitis in both wrists. Medical records (6-12-14 to 8-20-15) indicate ongoing complaints of back pain that radiates to both legs, affecting the right greater than the left with ongoing left knee pain. He has also complained of ongoing bilateral wrist and hand pain. Bilateral shoulder pain was noted in the 12-4-14 progress record. However, no further mention of this pain is noted in the records. He has consistently rated his pain 8-9 out of 10, on average, with a rating of 4 out of 10 with use of medications (12-4-14 to 8-20-15). Occasional muscle spasms and cramping were indicated (3-5-15 and 7-23-15). On 6-24-15, the report indicates that his "pain is getting worse" and he "cannot function without his pain medications". He is not working. The physical examination (8-20-15) reveals limited range of motion in his back. "4 out of 5" weakness in left thigh flexion and knee extension was noted. Sensory loss was noted to the left lateral calf and bottom of his foot. The left Achilles reflex was absent. Crepitus was noted on the bilateral knee exam. The provider indicates "patellar compressions are painful". Palpable arthrosis was noted in the carpometacarpal joints of both hands. Phalen's and Tinel's signs were positive and diminished grip strength was noted in both upper extremities. Diagnostic studies include urine drug screening, bilateral upper and lower extremity EMG-NCV testing, an MRI of the lumbar spine, and a "provocative diskogram".

Referrals have been made to orthopedics, neurology, and to a physiatrist. Treatment has included physical therapy, which was noted to have "no long standing benefit", home traction, a TENS unit, a home exercise program, ice and moist heat application, periodic Toradol injections for pain, Synovisc injections in both knees, which was noted to be "helpful in decreasing pain and swelling", and a recommendation was made for radiofrequency ablation to the facet joints of the lower back. His current medications include Lorzone 750mg every 6 hours as needed for back spasms, Glucosamine sulfate 500mg, 2 tablets twice daily for inflammation, Mobic 15mg daily for inflammation, Neurontin 600mg, 2 tablets at night for neuropathic pain, and Norco 10-325mg three times daily as needed for pain. The Norco was, originally, prescribed on 12-4-14. The frequency of Norco was adjusted on 3-5-15 and 4-29-15. Previous medications tried include Lidoderm patches, Celebrex, Lyrica, Baclofen, and Butrans patches. The utilization review (9-5-15) includes a request for authorization of Norco 10-325 #90. This request was modified to a quantity of 72 for the purposes of weaning.

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 Medical Treatment 2009.

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

Decision rationale: The 58 year old patient complains of lower back pain radiating to bilateral lower extremities, knee pain, and bilateral wrist and hand pain, as per progress report dated 08/20/15. The request is for NORCO 10/325mg, #90. The RFA for this case is dated 08/26/15, and the patient's date of injury is 07/31/01. Diagnoses, as per progress report dated 08/20/15, included low back pain with ongoing radicular symptoms and neuropathic pain, bilateral knee pain with severe degenerative joint disease, CMC joint arthrosis at the bilateral thumb bases, h/o of bilateral carpal tunnel syndrome, and h/o bilateral De Quervain's tenosynovitis. The patient is status post multiple arthroscopies of both knees, and status post bilateral carpal tunnel releases. Medications included Norco, Lorzone, Glucosamine sulfate, Mobic and Neurontin. Diagnoses, as per progress report dated 08/11/15, included arthritic changes in the left shoulder, and severe osteoarthritis of the bilateral knees. The patient is status post reverse left shoulder arthroplasty, as per the same report. The patient is not working, as per progress report dated 07/23/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS

FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, Norco is first noted in progress report dated 12/04/12. It is not clear when the opioid was initiated. As per progress report dated 08/20/15, medications help reduce pain from 10/10 to 4/10. The treater also states that the patient is "reporting 50% reduction in pain and functional improvement with activities of daily living with medications I give him versus not taking them at all." The treater also indicates that medications "keep him functional." The patient has signed an opioid contract and the urine drug screens are appropriate. The treater, however, does not document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.