

Case Number:	CM15-0182345		
Date Assigned:	09/23/2015	Date of Injury:	01/10/2002
Decision Date:	10/30/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/16/2015

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 72 year old male, who sustained an industrial injury on 1-10-02. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-11-15 indicated the injured worker complains of severe back pain. He reports his pain continues to shoot down his right leg and this is making it difficult trying to walk. He reports the burning sensation is getting worse in his leg with severe cramps. He is also reporting persisting right shoulder pain. He states he cannot raise his arm at or above shoulder height. He reports he cannot reach out and grasp or push or pull anything without agonizing shoulder pain or sleep on that shoulder. The provider documents "the medications I give him for pain, he gets 50% reduction in pain, functional improvement with activities of daily living with medications versus not taking them at all. Rating his pain as 8 out of 10, at best a 4 out of 10 with the medications, a 10 out of 10 without them." On physical examination, the provider documents "Back exam reveals limited range. He can flex 20 degrees, extend 5 degrees. There is 4 out of 5 weakness in right thigh flexion and knee extension. There is sensory loss to light touch and pinprick in the right lateral calf and bottom of his foot. There is an absent right Achilles reflex. Palpation reveals muscle spasm in the lumbar trunk. Right shoulder exam reveals limited range. He can laterally abduct 90 degrees, full forward flex 80 degrees, extend 30 degrees, internally and externally rotate 30 degrees with positive impingement sign. There is crepitus on circumduction passively of the shoulder. Right ankle exam reveals no gross instability. Active range is full." The provider notes an "Impression" as "1) chronic back pain with history of BAK cage placement at L4 through S1 with chronic back and radicular symptoms. Postoperative MRI revealing neuroforaminal

compromise with stenosis and facet arthrosis above his fusion site. 2) Neuropathic component of burning pain, right leg. 3) Adhesive capsulitis right shoulder with chronic tendinopathy in the shoulder from sprain-strain injury. 4) History of nonindustrial diabetes, hyperlipidemia. History of myocardial infarction. History of empyema with drainage of the lung in the past, stable." The provider's treatment plan is to continue the medications regime as before. He indicates this keeps him functional. He notes he is under a narcotic contract with this office and urine drug screening has been appropriate. A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 8-27-15 and modified the certification for Norco 10/325mg #150 to a quantity of #96 only. The Utilization Review letter states "Utilization review records show several requests for continuing Norco have been recommended for weaning including the most recent determination 7-27-15 which quantity of 120 tables was provided. Prior to this a full prescription was certified in review 1127229 with the rationale that it was reported the patient has previously attempted to taper Norco without success. It should be noted prior to this review three other determinations were for weaning of Norco. The rationale for these previous modifications for weaning was based on long-term use without any documented evidence of significant functional improvement. These adverse determinations were then sent for Independent Medical Review and records show these determinations were upheld." Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. The provider is requesting authorization of Norco 10/325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: 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, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 150 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 chronic back pain with history BAK cage placement L4- S1 with chronic back and radicular symptoms; adhesive capsulitis right shoulder with chronic tendinopathy; right ankle sprain strain stable and neuropathic burning pain right leg. Date of

injury is January 10, 2002. Request for authorization is August 17, 2015. According to her progress note dated February 16, 2012, current medications included Duragesic 75 mg and Norco 10/325mg one tablet every 4 to 6 hours. According to August 11, 2015, progress note, subjective complaints include back pain with radiation to the right leg and ongoing right shoulder pain. Pain score is 8/10. There is a 50% reduction in pain with medications. Objectively, there is lumbar spine decreased range of motion with decreased sensation right and foot. There is spasm of the lumbar trunk. Medications remain unchanged with Duragesic 75 mg and Norco 10/325mg. There is no documentation demonstrating objective functional improvement. There are no detailed pain assessments or risk assessments. According to utilization review dated July 27, 2015, Norco weaning was recommended. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempt at Norco weaning, Norco 10/325mg # 150 is not medically necessary.