

<b>Case Number:</b>	CM15-0183172		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 female who sustained an industrial injury on 09-12-2008. Medical records (03-10-2015 to 09-03-2015) indicated the worker was treated for lumbar degenerative disc disease, cervical pain, and mood disorder. In the provider notes of 03-10-2015, the worker is seen for neck pain with radicular symptoms to the left arm. According to provider notes the worker has a positive electromyogram and a cervical epidural steroid injection was requested. Medications on 03-10-2015 include Pristiq, Norco, Chlorzhalidone, and Excedrin Tension Headache. She rates her pain with medications as an 8 on a scale of 1-10. Quality of sleep is poor. A discussion of opioid medication was held with the worker that included warnings of respiratory depression, side effects of opioids in conjunction with anti-anxiety medications, muscle relaxants and sleep medication, and risks and benefits of medications prescribed for the worker. In her 04-03-2015 visit, she rated her pain with medications as a 9.5 on a scale of 10 and a 10 on a scale of 1-10 without medications. The worker was continuing to work. In July, the worker has been denied Norco, and is taking Vicodin which she states is not helping and causing sedation. Her pain with medication is a 10. In August (08-05-2015), she complains of lower backache and rates her pain with medications as a 10 on a scale of 1-10. She complains that she is not able to function due to increased pain, fatigue, and inability to sleep. She is requesting time off from work "as she can no longer function or perform activities of daily living". On exam, she ambulates without an assistive device, and has normal gait. Her cervical spine has no visible abnormalities. Range of motion of the cervical spine is restricted with flexion limited by pain to 33 degrees, and extension limited to 23 degrees. She has tenderness at the paracervical muscles, rhomboids, and trapezius.

Spurlings causes pain in the muscles of the neck radiating to upper extremity. The examination of the lumbar spine shows no visible abnormalities. Pain limits flexion to 65 degrees and extension to 15 degrees. She has paravertebral tenderness and tight muscle band bilaterally, and lumbar facet loading is positive on both sides. Straight leg raising test is negative. Tenderness is noted over the sacroiliac joint bilaterally. On 09-03-2015, the injured worker complains of lower backache. Her pain level has remained unchanged since her last visit, and is rated by the worker as a 10 on a scale of 1-10 without medication. There is no rating on this date for pain relief with medication. A urine drug screen is performed, an opioid contract is noted as signed and in the chart, and there is no indication of inappropriate drug use. Her medications include Zoloft, Norco, Provigil, and according to provider notes, she notes functional improvement and improved activity tolerance with the ability to sit or stand improving from 10 minutes to 20-10 minutes on the Norco prescription. She notes she can perform her ADL's and self-care due to Norco use. Her opioid contract is reviewed with the worker. The physical examination is unchanged. The worker is approved for six individual visits with a pain psychologist. She is working. The treatment plan is for an orthopedic spine consultation (scheduled for 10-2015), and refills of her current medications of Zoloft, Norco, Provigil are given. Her Zoloft dosage is increased. A request for authorization was submitted for Norco 10/325 mg Qty 90, 1 pill 3 times daily for lumbar and cervical pain. A utilization review decision 09-11-2015 non-certified the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg Qty 90, 1 pill 3 times daily for lumbar and cervical pain: 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, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

**Decision rationale:** Submitted documents show the patient with continued chronic symptoms, but is able to be functional and work. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Additionally, MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported; however, the patient has persistent significant pain despite ongoing opioids. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. From the submitted reports, there is no red-flag conditions, new injury, or indication that an attempt to taper or wean from the long-term use of the opiate has been trialed for this chronic 2008 injury. The Norco 10/325 mg Qty 90, 1 pill 3 times daily for lumbar and cervical pain is not medically necessary and appropriate.