

Case Number:	CM15-0184379		
Date Assigned:	09/24/2015	Date of Injury:	06/06/2014
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/18/2015

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 48 year old female who sustained an industrial injury June 6, 2014. Past treatment included medication, physical therapy and aqua therapy. According to a treating physician's chart notes dated August 22, 2015, the injured worker presented with complaints of acute pain in the left flank, rated 5-6 out of 10 left scapular area, rated 5 out of 10 and right hand. The right hands pain is increasing, volar 3rd MC, limiting use of gripping of objects pain rated as 6-7 out of 10 on May 2, 2015 and diffuse back pain rated 4-5 out of 10 on May 2, 2015. She also reported cervical pain 1-3 out of 10 increasing to 8 out of 10 with activities, and low back pain, rated 5-6 out of 10. The physician documented pain relief as; Naproxen not much relief, physical therapy helped but stopped, ibuprofen 400mg with partial relief 40% from ibuprofen and Baclofen; overall relief with medication 10-15%. Objective findings included; toe heel walk normal; right upper extremity 3rd metacarpal ganglion cyst; tenderness to palpation posterior neck, parathoracic and lumbar spine; decreased range of motion and gait slow. Impression is documented as; improved acute and chronic pain; left trapezius and right oblique, insertion into pelvis; acute on chronic left shoulder pain (rotator cuff tear); acute left parathoracic strain; acute right supragluteal tear; subacute pain 3rd right MC ganglion cyst. Treatment plan included requested physical therapy notes and initial consultation, additional physical therapy, aqua therapy, medication, and at issue, a request for authorization for Norco 5-325mg #90. (Appears to have been prescribed Norco since July, 2015, unclear start date.) According to utilization review dated September 17, 2015, the request for Norco 5-325mg # 90 is non-certified. Non-certification of any drug reviewed under this request for authorization does not imply that

immediate cessation of the drug should occur unless it is medically safe and advisable and a tapering program could be considered to avoid withdrawal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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 patient presents with back, waist, and left upper extremity pain. The request is for Norco 5/325MG #90. The request for authorization is dated 09/09/15. X-ray of the lumbar spine, 06/24/15, shows mild, multilevel lumbar degenerative changes from T12-S1 with schmorl's nodes (T12-L5), severe discopathy (L5-S1), and mild facet arthropathy (L5-S1). X-ray of the cervical spine, 06/24/15, shows mild compression deformity at C5 and C6; mild, multilevel cervical degenerative changes, from C2-C7, with variable anterior hypertrophy, spondylolisthesis (C4-5), and narrowing of the joints of luschka (right C5-6). X-ray of the thoracic spine, 06/24/15, shows mild to moderate superior thoracic levoscoliosis, with compensatory thoracolumbar dextroscoliosis, consistent with muscle spasm; mild superior thoracic, T5-T9, anterior and right lateral hypertrophic changes, consistent with degenerative disc disease. X-ray of the shoulder, 06/24/15, shows moderate acromioclavicular osteoarthritis; type III or downsloping left acromion, with associated increased rotator cuff tear impingement risk; 11.7 mm acromiohumeral distance, consistent with ligamentous injury/tear, versus joint effusion. Physical examination of the left upper extremity reveals tenderness to palpation over the trap, supra, and infra-spinatus. Exam of lumbar spine reveals paralumbar tenderness to palpation. Decreased range of motion. Patient's medications include Norco, Baclofen, Naproxen, and Ibuprofen. Per progress report dated 08/22/14, the patient is returned to light duty. 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/24hrs." Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 07/11/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the

4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES, or opioid contract. In this case, treater has not discussed the 4A's as required by MTUS. Therefore, given the lack of documentation, the request is not medically necessary.