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| Case Number: | CM15-0191252 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 07/05/2005 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58-year-old female who sustained an industrial injury on 07-05-2005. According to a progress report dated 08-17-2015, the injured worker reported low back pain. Pain level was not documented in this report. Review of systems was positive for high blood pressure, asthma, joint pain, sore muscles, depression and difficulty sleeping. Examination of the lumbar spine revealed tenderness to palpation with muscle spasm over the bilateral paravertebral musculature. Straight leg raise test was positive. Range of motion of the lumbar spine demonstrated 40 degrees flexion, 10 degrees extension, 12 degrees right side bending, 11 degrees left side bending. The injured worker ambulated with a wide-based cane favoring the right lower extremity. Diagnoses included cervical trapezial musculoligamentous sprain strain with bilateral upper extremity radiculitis with two to three millimeter disc protrusion-stenosis from C2-C7, thoracolumbar spine musculoligamentous sprain strain with bilateral lower extremity radiculitis with two millimeter disc protrusion at L3-L4 and L5-S1, four millimeter disc protrusion-stenosis at L4-L5 and facet osteoarthritis at L3-S1, left shoulder periscapular strain with tendinitis and impingement and history of arthroscopy with residual adhesive capsulitis, glenohumeral ligament tear, bursitis and glenohumeral joint degeneration, bilateral wrist-forearm tendonitis, right shoulder periscapular strain with bursitis tendinitis and impingement syndrome, left wrist De Quervain's tenosynovitis with dynamic carpal tunnel syndrome and enlargement of medial nerve, left knee patellofemoral arthralgia with history of arthroscopy, psychiatric complaints of anxiety and depression, gastrointestinal upset, bilateral hip osteoarthritis and rule out fibromyalgia. Current medications included Norco 50-325 mg and

Voltaren XR. The treatment plan included right sacroiliac rhizotomy dated 09-28-2015, follow up in 6 weeks, pre-operative medical clearance, initial postoperative therapy, cold therapy unit purchase, Norco 5-325 mg #60 and #120, Anaprox DS 550 mg #60 and discontinuation of Voltaren XR. Documentation shows use of Norco dating back to April 2015. Urine toxicology reports were not submitted for review. An authorization request dated 08-17-2015 was submitted for review. The requested services included Norco 5-325 mg one tablet orally every 6 to 12 hours as needed for pain #60 and #120 and Anaprox DS 550 mg one tablet orally two times per day #60. On 08-28-2015, Utilization Review modified the request for Norco 5-325 mg quantity 60, non-certified the request for Norco 5-325 mg quantity 120 and authorized the request for Anaprox DS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, QTY: 60.00: 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, long-term assessment, Opioids, steps to avoid misuse/addiction.

Decision rationale: Norco 5/325mg, QTY: 60.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) as recommended by the MTUS. The documentation does not reveal an objective urine drug screen for review. The documentation does not reveal evidence of significant objective functional improvement on opioids. For all of these reasons the request for Norco is not medically necessary.

Norco 5/325mg QTY: 120.00: 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, dealing with misuse & addiction, Opioids, long-term assessment.

Decision rationale: Norco 5/325mg QTY: 120.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) as recommended by the MTUS. The documentation does not reveal an objective urine drug screen for review. The documentation does not reveal evidence of significant objective functional improvement on opioids. For all of these reasons the request for Norco is not medically necessary.