

<b>Case Number:</b>	CM15-0192107		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 63 year old male who sustained an industrial injury on 07-23-2007. According to an agreed medical evaluation dated 05-05-2015, the injured worker reported low back pain with right leg sciatica, left shoulder pain and weakness and bilateral hand pain right greater than left with difficulty grasping, numbness in the left ring and little fingers and occasional numbness in the right hand wrist crease. Diagnoses included chronic lumbar sprain strain, mild impingement syndrome of left shoulder status post arthroscopic and open surgery, status post left carpal tunnel release with persistent moderate left medial nerve neuropathy per nerve conduction velocity today, status post right carpal tunnel release x 2 with persistent moderate right medial nerve neuropathy per nerve conduction velocity studies today and right wrist ulnar nerve neuropathy per nerve conduction velocity studies today and subjective complaints of right ring finger sensory loss. According to an undated partially legible handwritten progress report, the injured worker reported feeling "electric" in both wrists and hands. Gait was with slight limp favoring the right. There was diminished sensation in both hands. Diagnoses included lumbosacral neuritis radiculitis, rule out lumbar spine disc displacement, cubital tunnel syndrome and left ulnar nerve entrapment. The treatment plan included Gabapentin 300 mg three times a day for sleep and hand pain. According to a progress report dated 02-24-2015, Norco was being weaned. An authorization request dated 08-25-2015 was submitted for review. The requested services included retro Gabapentin 300 mg #90 and Norco 10-325 mg three times a day #90. On 08-31-2015, Utilization Review non-certified the request for Norco 10-325 mg 1 by mouth three times a day #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 po TID #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**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 for an undated appointment with symptoms of an electric sensation in the bilateral wrists and hands. This progress note appears to be associated with the requested treatment as the remainder of the progress notes do not have dates which correspond with the RFA. The patient's date of injury is 07/23/07. The request is for Norco 10/325mg 1 po TID #90. The RFA is dated 08/25/15. Physical examination findings are handwritten and largely illegible. Legible findings include decreased sensation in the bilateral hands and weak grip. The patient is currently prescribed Gabapentin and Norco. Patient's current work status is not provided. 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." In regard to the re-initiation of Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of prior efficacy to continue use. Progress note dated 02/24/15 indicates that this patient was in the process of being weaned from narcotic medications, though the efficacy of Norco is not discussed and it is unclear if the patient was entirely weaned. The intervening progress notes do not list Norco as among this patient's active medications. The progress note presumably associated with this request does not provide any discussion regarding the re-initiation of narcotic medications or indicate that Norco is being provided for an acute re-injury or flare-up, or provide discussion of past efficacy. Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider fails to specify prior analgesia, activity-specific improvements attributed to narcotic medications, and does not clearly state that this patient lacks aberrant behaviors. No consistent urine drug screenings were provided for review either. Owing to a lack of complete 4A's documentation, the request is not medically necessary.