

<b>Case Number:</b>	CM15-0196867		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/17/2007
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 55 year old male injured worker suffered an industrial injury on 4-17-2007. The diagnoses included adhesive capsulitis of the shoulder, limb pain and lumbar sacral radiculopathy. On 9-1-2015 the treating provider reported right shoulder and low back pain that radiated down both lower extremities especially in the hip and buttock areas with numbness and weakness that was constant rated 9 to 10 with medication. The injured worker also used ice and Tens unit. On exam the right shoulder had restricted range of motion with stiffness. The lumbar spine had severe restriction of range of motion with moderate tenderness. The sacral exam had positive tenderness over the SI joint bilaterally. There was positive straight leg raise. The injured worker reported he was able to better able to accomplish activities of daily living with the medication. The aberrant risk assessment was low with consistent CURES reports and urine drug screens. Diagnostics included 3-9-2015 lumbar magnetic resonance imaging with bilateral spondylosis severe bilateral foraminal stenosis and mild central canal narrowing. There was degenerative disc and facet disease from L1 to L5. Request for Authorization date was 9-1-2015. The Utilization Review on 9-10-2015 determined modification for Norco 10/325mg, #120 to #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

**Decision rationale:** Based on the 9/1/15 progress report provided by the treating physician, this patient presents with right shoulder pain and low back pain radiating down bilateral lower extremities equally especially in the hips/buttocks with numbness/weakness, pain rated 9-10/10 with medications. The treater has asked for Norco 10/325mg, #120 on 9/1/15. The request for authorization was not included in provided reports. The patient is s/p icing and TENS unit usage which helps reduce pain per 9/1/15 report. The patient is s/p right shoulder arthroscopy/rotator cuff repair from 2008 and acromioplasty from 10/31/13 per 8/4/15 report. The patient is currently using TENS unit daily during the week and 3 times a day on weekends, which decreases pain to 5/10 per 8/4/15 report. The patient's current pain management regimen allows him to work on modified duty per 9/1/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states that "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, page 77, 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, Opioids for chronic pain Section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. The patient has been taking Norco since 4/14/15 and in reports dated 6/8/15, 8/4/15, and 9/1/15. The treater states that the patient's current medication regimen which includes Norco, allows him to work on modified duty. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.