

Case Number:	CM15-0207532		
Date Assigned:	10/26/2015	Date of Injury:	03/01/2013
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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 61 year old male who sustained an industrial injury on 03-01-2013. A review of the medical records indicated that the injured worker is undergoing treatment for thoracic spine disc protrusion at T8-9 and T12-L1, discogenic low back pain, sprain of ribs, carpal tunnel syndrome bilaterally and gastroesophageal reflux disorder (GERD). The injured worker is status post right carpal tunnel release (recent), left carpal tunnel release (no date documented) and lumbar spine surgery (no date documented). According to the treating physician's progress report on 09-02-2015, the injured worker continues to experience ongoing neck pain and stiffness associated with numbness and tingling of the bilateral upper extremities rated at 8-9 out of 10; low back pain, right side greater than left side radiating to the left buttock and left lower extremity with severe numbness and tingling rated as 9 out of 10, bilateral rib and abdominal pain rated at 5 out of 10 and bilateral wrist pain with numbness and tingling of the hands and fingers with locking of the left index finger rated at 5 out of 10 on the pain scale. Examination of the wrist demonstrated tenderness to palpation of the medial and lateral areas with positive Phalen's and Tinel's on the left wrist. Right wrist was in surgical dressings with sutures in place. Cervical spine noted decreased range of motion secondary to pain. The thoracic spine demonstrated mild paraspinal muscle tenderness and spasms bilaterally. The lumbar spine examination demonstrated myofascial point tenderness in the paraspinal region from L2 through L5 with range of motion limited by pain. Supine and seated straight leg raise were positive bilaterally. Prior treatments have included diagnostic testing, surgery, T11-L1 facet blocks in 03- 2015, pain management, lumbar epidural steroid injections and medications. Current medications were listed as Norco (since at least 03-2015 and transdermal analgesics. Treatment plan consists of updated lumbar spine magnetic resonance imaging (MRI), cane for ambulation, acupuncture therapy and the current request for Norco 10mg-325mg #120. On 09-24-2015 the Utilization Review determined the request for Norco 10mg-325mg #120 was not

medically necessary.

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, 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 61 year old patient complains of pain in bilateral wrists, rated at 5/10, along with tingling in bilateral hands and fingers; pain in neck, rated at 8-9/10, along with tingling and numbness in bilateral upper extremities; lower back pain, rated at 9/10, radiating to left buttock and left lower extremity and accompanied by numbness and tingling in left lower extremity; abdominal pain, rated at 5/10; bilateral rib cage pain, rated at 5/10; and difficulty sleeping; as per orthopedic surgeon's progress report dated 09/02/15. The request is for NORCO 10/325mg #120. The RFA for this case is dated 09/02/15, and the patient's date of injury is 03/01/13. Diagnoses, as per progress report dated 09/02/15, included T-spine disc protrusion at T12-L1, thoracic disc protrusion at T8-9, bilateral carpal tunnel syndrome, lumbar discogenic pain, abdominal pain, sprain of ribs, hypertension and sleep disturbance. The patient is status post left carpal tunnel release and is taking Norco for pain relief. As per complex spinal surgery consultation report dated 08/18/15, the patient is status post lumbar decompression and fusion surgery in 2001 and status post hernia repair in 2002. Diagnoses, as per this report, included right anterior and posterior chest wall pain, secondary to thoracic disc protrusion versus degenerative facet and/or degenerative costovertebral arthritic change; low back pain with left leg sciatica, secondary to L3-4 stenosis; and solid fusion at L4-5. Medications included Norco, Naproxen, Cyclobenzaprine, Omeprazole, Nabumetone, Amlodipine, Hydrochlorothiazide, and Eschalonpram. Diagnoses, as per primary treating physician's report dated 07/15/15, included thoracic or lumbosacral neuritis or radiculitis, pain in joint forearm, degeneration of lumbar or lumbosacral intervertebral disc, and other allied disorders of the spine. The patient is temporarily totally disabled, as per progress report dated 09/02/15. 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." In this case, Norco is first noted in progress report dated 03/18/15. It is not clear when the opioid was initiated. The patient underwent urine toxicology screening for compliance during the 09/02/15, 06/10/15, and 04/29/15 visits. The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No CURES report was provided to address aberrant behavior. The treater does not discuss the side effects of the opioid as well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.