

<b>Case Number:</b>	CM15-0213232		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	04/15/2005
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: 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 54-year-old male, with a reported date of injury of 04-15-2006. The diagnoses include mild bilateral sensory median and ulnar neuropathy, insomnia, and chronic bilateral medial epicondylitis. The progress report dated 08-31-2015 indicates that the injured worker reported having an aggravation of pain in his left elbow and noted that the pain was now intractable. He also noted that the pain was not being relieved with his current medications. The injured worker's pain rating was not indicated. The progress report dated 09-17-2015 indicates that the injured worker reported having constant pain in both wrist, and frequent pain and numbness in both hands. The pain was noted to vary from 6-7 out of 10 without medications. He also had constant pain in the right shoulder. The injured worker stated that he had been getting better than 80% improvement in both his overall pain and ability to function with his current medications, which decreased his pain to 1 out of 10 and allowed him to perform his activities of daily living with less discomfort. The objective findings (08-31-2015 and 09-17-2015) include slightly restricted range of motion of the cervical spine in all planes; slightly decreased range of motion of the bilateral shoulders in all planes; palpable tenderness of the trapezius sternocleidomastoid and strap muscles bilaterally; slightly decreased range of motion of the bilateral wrists and bilateral elbows in all directions; palpable tenderness to the medial epicondyle area on the left; decreased sensation to fine touch and pinprick in the 4th and 5th digits of the left hand and in the later aspect of the left arm; and weak grip strength in the left hand and diminished in the right hand. It was noted that the injured worker has been receiving social security disability benefits. The diagnostic studies to date have included a urine drug screen on 05-28-2015 which was positive for Hydrocodone; and a urine drug screen on 02-12-2015 which was positive for Lorazepam. Treatments and evaluation to date have included Norco (since at least 05-2015), Motrin, and psychiatric treatment. The request for authorization was dated 09-17-2015. The

treating physician requested Norco 10-325mg #180. On 10-23-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #180.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Norco 10/325mg #180: Overturned**

**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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents on 09/17/15 with bilateral wrist pain rated 1/10 with medications, 6-7/10 without medications. The patient's date of injury is 04/15/06. The patient is status post left carpal tunnel release and synovectomy on 09/21/06, and status post right dorsal compartment release on 09/12/03. The request is for Norco 10/325mg #180. The RFA is dated 09/17/15. Physical examination dated 09/17/15 reveals reduced cervical range of motion in all planes, reduced right shoulder range of motion in all planes, tenderness to palpation of the trapezius, sternocleidomastoid, and strap muscles bilaterally. The provider also notes tenderness to palpation of the left medial epicondyle, decreased sensation to light touch in the 4th and 5th digits of the left hand, as well as the lateral forearm, and decreased grip strength on the left. The patient is currently prescribed Norco and Motrin. Patient is currently disabled. 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 continuation of Norco for the management of this patient's chronic pain, the request is appropriate. MTUS Guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a statement regarding a lack of aberrant behavior. Per progress note dated 09/17/15 the provider does include documentation that narcotic medications reduce this patient's pain from 6-7/10 to 1/10. The provider also notes that this patient's narcotic medications allow him to stand, go for short walks, bend down to pick up objects, cook for himself, sleep better, and perform social activities. The provider specifically notes a lack of aberrant behavior and a consistent urine drug screening dated 05/28/15 was provided for review. Utilization review non-certified this request on grounds that no consistent urine drug screening was included, however a review of the documentation provided reveals multiple consistent urine drug screenings to date. In this case, 4A's criteria have been adequately addressed. Given this patient's presentation, and the appropriate documentation of 4A's as required by MTUS, continuation of this medication is substantiated. The request is medically necessary.