

<b>Case Number:</b>	CM15-0032703		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 53 year old male, who sustained an industrial injury on October 11, 2012. He has reported neck pain, low back pain, left lower extremity pain and left shoulder, wrist and elbow pain with associated tingling and numbness in the left upper extremity. The diagnoses have included closed maxillary fracture, ulnar neuropathy at the wrist and left elbow, median nerve compression at the wrist from fracture, lumbar radiculopathy, acromioclavicular sprain on the left side, left shoulder rotator cuff tear, left elbow sprain, lumbar sprain, cervical sprain, SLAP tear of the shoulder and superficial nerve damage over the left elbow. Treatment to date has included radiographic imaging, diagnostic studies, left elbow and wrist surgical interventions, pain injections, conservative therapies, pain medications and work restrictions. Currently, the IW complains of neck pain, low back pain, left lower extremity pain and left shoulder, wrist and elbow pain with associated tingling and numbness in the left upper extremity. The injured worker reported an industrial injury in 2012, resulting in chronic pain over multiple areas of the body. It was noted he was treated conservatively, more invasively and surgically without resolution of the pain. Evaluation on November 7, 2014, revealed continued pain. He reported decreased pain in the past with pain injections. Evaluation on November 12, 2014, revealed continued chronic pain. An Exogen bone stimulator was recommended. It was noted the recent surgical incisions were well healed. Evaluation on November 21, 2014, revealed decreased depression, noting he was stable at this time. Evaluation on December 5, 2014, revealed continued pain. Another injection was ordered, Norco was renewed and acupuncture therapy was requested. On February 13, 2015, Utilization Review non-certified a request for

Norco 10/325mg #120, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 14, 2015, the injured worker submitted an application for IMR for review of requested Norco 10/325mg #120.

### **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 Treatment Guidelines Weaning of medications, When to discontinue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78, 88 and 89.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for NORCO 10/325MG #120. The patient is currently taking Norco, Flexeril, Lidoderm patch, Metformin and Glimepiride. The patient has been utilizing Norco since at least 01/23/14. Per 12/05/14 progress report, the patient rates his pain as 8-9/10 without medications and 3-4/10 with medications. The patient can perform increased ADL's with medications. The patient denies any significant side effects with the medications. There is no aberrant behavior. The patient has signed an opioids contract. The patient underwent 8 urine drug screenings between 01/07/14 and 11/07/14 with consistent results. Regarding chronic opiate use, MTUS guidelines page 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 page 78 also requires documentation of the 4A's 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 guidelines page 90 states that Hydrocodone has a recommended maximum dose of 60mg/24 hours. Although the provider discusses analgesia and aberrant behavior/side-effects, not all 4 A's are addressed as required by MTUS guidelines. The provider provides ADL's general statement indicating that the patient performs increased ADL's However, there are no specific ADLs mentioned which demonstrate medication efficacy. The patient does have a pain contract on file along with consistent UDS's but no outcome measures as required by MTUS Guidelines. The treating physician does not provide proper documentation as required by MTUS Guidelines for continued opiate use. The request is not medically necessary.