

<b>Case Number:</b>	CM15-0233693		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	01/12/2016	<b>UR Denial Date:</b>	11/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 72 year old male, who sustained an industrial injury on 01-10-2002. A review of the medical records indicates that the worker is undergoing treatment for chronic back pain, neuropathic burning pain of the right leg and adhesive capsulitis of the right shoulder with chronic tendinopathy. Treatment has included Norco (since at least 06-15-2015, Duragesic and Flexeril. Subjective complaints (09-08-2015, 10-08-2015 and 11-10-2015) included back pain radiating to the right leg that was rated as 8 out of 10, 4 out of 10 with medications and 10 out of 10 without medications. The worker reported 50% reduction of pain and functional improvement with activities of daily living with the use of medications. Duration of pain relief and time it took for pain relief with the use of Norco was not documented. Objective findings (09-08-2015, 10-08-2015 and 11-10-2015) revealed palpable back spasm, inability to stand up straight, decreased weakness with right thigh flexion, sensory loss to light touch and pinprick in the right lateral calf and bottom of the foot, absent right Achilles reflex, muscle spasm in the lumbar trunk, limited range of motion of the right shoulder, positive impingement sign and crepitus on circumduction passively of the shoulder. There was no evidence of specific objective functional gains with the use of Norco. Prior utilization reviews dated 07-27-2015, 08-27-2015, 09-25-2015 and 10-23-2015 had modified requests for Norco for weaning purposes due to a lack of evidence of objective functional benefit with use. A utilization review dated 11-20-2015 modified a request for Norco 10-325 mg #150 to certification of Norco 10-325 mg #47.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #150:** Upheld

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

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2002. He underwent a multilevel lumbar fusion from L4 to S1 and continues to be treated for chronic back pain with right lower extremity radiating symptoms, chronic right shoulder pain with tendinopathy and adhesive capsulitis, and has a history of a right ankle sprain/strain. In July 2015 he was continuing to have low back pain radiating into the right leg with burning and severe. He was using a cane. He was having right shoulder pain. Medications were decreasing pain from 10/10 to 4/10 and he had a current pain score of 8/10. He reported a 50% decrease and pain and functional improvement with activities of daily living with medications. Active medications include Duragesic incorrectly listed at 50 g rather than the 75 g that had been prescribed in June 2015 and Norco 10/325 mg #150. In August 2015 his fentanyl dose was being correctly recorded. When seen in October 2015 his condition appears unchanged. Physical examination findings included back spasms. He had an antalgic gait. He had decreased lumbar spine range of motion and was unable to stand up straight. There was decreased right lower extremity strength and sensation and absent right ankle reflex. There was decreased right shoulder range of motion with crepitus and positive impingement testing. Medications were continued. The total MED (morphine equivalent dose) was 230 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly two times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.