

Case Number:	CM15-0239053		
Date Assigned:	12/16/2015	Date of Injury:	04/18/1999
Decision Date:	01/22/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/07/2015

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: Preventive Medicine, Occupational Medicine

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 was a 65 year old male, who sustained an industrial injury on April 18, 1999. The injured worker was undergoing treatment for post cervical postlaminectomy syndrome, status post ACDF C5-C7 with revision on July 13, 2010, Lumbar postlaminectomy syndrome with bilateral lower extremity radicular symptoms, status post bilateral decompression of L2-L3, L3-L4, L4-L5 and L5-S1 on February 28, 2014, right shoulder arthroscopic surgery, left shoulder impingement syndrome, bilateral carpal tunnel syndrome status post right carpal tunnel release on November 4, 1999 and lumbar neuro stimulator implant on August 27, 2015. According to progress note of November 4, 2015, the injured worker's chief complaint was low back pain. The injured worker was receiving good low back and radicular symptom pain control with implanted lumbar spinal cord stimulator. The injured worker reported a 50-60% pain relief. The injured worker was complaining of pain in both shoulders as well as radicular symptoms in the upper extremities. The injured worker was complaining of cervicogenic headaches. The injured worker was taking 4 Norco tablet daily which provided 30-40% relief for 3-4 hours. The Anaprox helped with the degenerative arthritic condition of the facet joints and increased activity level. The objective findings were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles with decreased cervical spine range of motion. The deep tendon reflexes were 2 out of 4 in the bilateral upper extremities. The upper extremity strength was decreased to 4 out of 5 in the bilaterally. The range of motion was diminished in the bilateral upper extremities. The examination of the lumbar spine was decreased in all planes. The deep tendon reflexes at the patella were 2 out of 4 bilaterally and 1 out of 4 in the Achilles tendons

bilaterally. The bilateral knee, ankle and great toe reflexes were 4 out of 4. The sensory exam was decreased along the posterolateral thigh and posterolateral calf in about the L5-S1 distribution bilaterally. The straight leg raises in a modified sitting position was positive bilaterally which caused radicular symptoms to both lower extremities and the upper exam showed moderate left carpal tunnel syndrome. The injured worker previously received the following treatments implanted lumbar spinal cord stimulator on August 27, 2015, right shoulder MRI showed a full thickness tear of the supraspinatus tendon with no rotator cuff tear, Norco 10-325mg 4 times daily as needed since , Anaprox, Prilosec, Neurontin, Topamax, Wellbutrin, Imitrex, Ambien, Hyzaar and Abilify; EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities showed acute left L5 radiculopathy. The RFA (request for authorization) dated the following treatments were requested a prescription for Norco 10-325mg #120. The UR (utilization review board) denied certification on November 24, 2015; for a prescription for Norco 10-325mg #120 which was modified to Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case the injured worker was a 65 year old male. He has been prescribed Norco since at least October, 2014 with noted reduction in pain. However, there is a lack of continued objective evidence of functional improvement despite the long term use of Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 MG #120 is determined to not be medically necessary.