

<b>Case Number:</b>	CM14-0183314		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	12/13/2005
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old female who sustained a remote industrial injury on 12/13/05 diagnosed with chronic pain syndrome, disc displacement with radiculitis of the lumbar spine, degeneration of the cervical intervertebral disc, headache, generalized osteoarthritis, cervical spondylosis, nonorganic sleep disorder, myalgia and myositis, morbid obesity, and depressive disorder. Mechanism of injury occurred when the patient tripped over a forklift and overcorrected herself, causing her to fall backwards and hit her upper back and right hip on the forklift. The request for one prescription of Norco 10/325mg #60 was modified at utilization review to certify Norco 10/325mg #40 due to insufficient evidence to suggest meaningful improvements in pain and function and due to the use of this medication since at least 2012 but to allow for weaning, which has been recommended in prior determinations. The most recent progress note provided is 10/24/14. Patient complains primarily of chronic neck pain radiating into the left shoulder, chronic low back pain radiating into the right leg, and chronic muscle spasms of the thoracic and lumbar spine. Patient reports a usual pain level of 7/10. This report provides conflicting information that states the current medication use is stable and adequate in providing good pain relief including increase in functionality, but then it states that functionality is worse. Physical exam findings reveal the patient is morbidly obese ambulating with the use of a cane, tenderness to palpation over the cervical paravertebral muscles bilaterally, restricted range of motion of the neck, tenderness to palpation over the trapezius muscles bilaterally, abdominal panus is noted, positive straight leg raise on the right, diffuse tenderness of the facet joints bilaterally in the lumbar spine, restricted and painful range of motion of the lumbar spine, decreased sensation in the C6-C8 dermatomes, and decreased sensation in the L5 dermatome of the left leg. Current medications include: Morphine sulfate ER 30mg one tablet every 12 hours, Norco 10/325mg one tablet every 6 hours, Prozac 20mg one tablet a day, Hydrochlorothiazide 12.5mg one capsule a

day, Flexeril 10mg one tablet 3 times a day, and Prednisone 10mg one tablet a day. It is noted that the patient has a narcotics agreement signed and the treating physician is increasing the patient's Norco. Provided documents include several previous progress reports that highlight the patient has been prescribed Norco since at least 2007, sleep study consult reports, polysomnogram reports, urine toxicology reports, telephone consultation notes, procedure notes, permanent and stationary reports, psychological evaluations, physical therapy notes, chiropractic treatment notes, qualified medical evaluations, agreed medical evaluations, a low vision evaluation, supplemental reports, prior utilization reviews dated 01/10/12 and 04/24/12 that certify Norco 10/325 #120, and requests for authorization. On 05/13/10, it is noted that narcotics have been ineffective in improving the patient's quality of life and functionality, so the decision was made to gradually wean the patient off her narcotics. On 06/03/10, it is noted that the psychologist also recommended weaning the patient off of her narcotics. Almost all of the progress reports dated 2014 highlight the patient's functionality is worse while the medication usage is the same. The patient's previous treatments include physical therapy, massage therapy, chiropractic treatment, Toradol injections, cervical facet joint injections, cervical radiofrequency lesioning, cervical epidural steroid injections, lumbar epidural steroid injections, psychotherapy, and medications. Imaging studies provided include X-rays of the lumbar and cervical spine, performed on 12/17/08. The impressions of these X-rays reveal mild dextrorotatory curvature of the lumbar spine; baseline anterolisthesis of L5 on S1; and degenerative disc changes at C5-6 and C6-7. An MRI of the lumbar spine, performed on 03/18/14, is also included and reveals moderate degenerative changes at the L4-5 and the L5-S1 levels. An MRI of the cervical spine, performed on 10/23/06, reveals multilevel disc/osteophyte complexes and mild bilateral foraminal stenosis at C5-6. An X-ray of the knee dated 09/10/12, an X-ray of the right knee dated 09/06/10, an X-ray of the right ribs dated 09/08/10, an MRI of the lumbar spine dated 08/16/10, and an X-ray of the lumbosacral spine dated 04/21/14 are also included for review.

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

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

**One (1) Prescription of Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement, by stating what this medication allows the patient to do, or pain relief with VAS scores pre- and post-opioid use. There is also conflicting documentation concerning whether this medication is providing functional improvement; specifically, the most recent progress report states that medication is increasing functionality while also stating that functionality is worse. Lastly, the patient has been prescribed this medication since at least 2007.

Dosing frequency is not specified in the request. As such, the ongoing use of chronic opioids is not supported by MTUS guidelines and the request is not medically necessary.