

Case Number:	CM13-0056955		
Date Assigned:	12/30/2013	Date of Injury:	08/01/1993
Decision Date:	02/05/2015	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 29 year old male with an injury date of 08/01/93. Per the 11/19/13 report, the patient presents with ongoing pain in both knees, right greater than left rated 4/10. The patient also presents with lower back pain with radicular symptoms to the lower extremities. The patient is morbidly obese with a stiff antalgic gait favoring the left lower extremity. The reports do not state if the patient is working. He ambulates with a single point cane. Examination reveals tenderness to palpation along the posterior cervical musculature bilaterally with decreased range of motion; decreased sensation along the lateral arms and forearms bilaterally; diffuse muscle atrophy along the thenar and hypothenar muscles bilaterally with profound loss of sensation in the ulnar nerve distribution from the wrist. Examination of the lumbar spine reveals, tenderness to palpation along the lumbar musculature bilaterally and decreased range of motion along with decreased sensation along the L5 distribution bilaterally. The patient's right knee reveals tenderness to palpation along the medial and lateral joint line with mild crepitus noted. There is swelling of the left ankle with tenderness to palpation throughout. The patient's diagnose include 1. Cervical degenerative disease with facet arthropathy and BUE radiculopathy; 2. Thoracic spine sprain/strain; 3. Lumbar degenerative disc disease and BLE radiculopathy; 4. Bilateral peroneal neuropathy; 5. Bilateral knee internal derangement; 6. Left ankle traumatic arthritis; 7. Medication induced gastritis; 8. Bilateral ulnar nerve entrapment. The patient received LESI 10/07/13 that provide 60% pain relief to the lower back and radicular pain to the bilateral lower extremities. This allowed the patient to reduce the amount of Norco from 10 tables a day to 6-8 tables a day. The patient also received a series of Synvisc injections to the bilateral knees ending 07/05/13 that were beneficial. Medications are listed as Norco, Anaprox, Fexmid, Prilosec, Xanax, Trazodone, Lexapro, Dendracin topical analgesic cream. The

utilization review is dated 11/12/13. Reports were provided for review from 04/11/13 to 11/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX DS 550MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; 22.

Decision rationale: The patient presents with ongoing right knee pain, along with lower back pain with radicular symptoms to the bilateral extremities, as well as cervical and thoracic spine complaints, and decreased sensation in the bilateral arms and forearms. The current request is for ANAPROX DS 550MG (an NSAID). The RFA is not included. The 11/12/13 utilization review does not state the date of the request. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS also states comprehensive clinical trials supports NSAIDS in lower back pain. The reports provided show the patient has been prescribed this medications since at least 04/11/13. On 09/20/13, the treater states that the patient has been stable on the current medical regimen and that the patient utilizes Norco in conjunction with Anaprox that on occasion causes GI distress that requires use of Prilosec. The 11/19/13 report states the patient must demonstrate improved functional restoration, ADL's , sleep pattern, elevated mood and ability to return to work in order to continue each listed medication. In this case, this medication is indicated for pain and lower back pain that is documented in this patient, and the treater indicates that Anaprox helps the patient. The request IS medically necessary.

NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with ongoing right knee pain, along with lower back pain with radicular symptoms to the bilateral extremities, as well as cervical and thoracic spine complaints, and decreased sensation in the bilateral arms and forearms. The current request is for NORCO 10/325MG (Hydrocodone, an opioid). The RFA is not included. The 11/12/13 utilization review does not state the date of the request. MTUS Guidelines 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 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. The 11/19/13 report states that since the lumbar ESI of 10/07/13 use of Norco is down to 6-8 tablets a day. Prior to the ESI use had escalated to 10 tablets a day due to pain. The 11/19/13 report states the patient must demonstrate improved functional restoration, ADL's , sleep pattern, elevated mood and ability to return to work in order to continue each listed medication. The reports provided do not show that pain is routinely assessed through the use of pain scales. The reports of 11/09/13 and 10/22/13 state pain is rated 4/10 and on 09/20/13 pain is rated 6-8/10 without medications. Reports from 04/11/13 to 07/05/13 do not use pain scales. The treater states the medication improves functional restoration, but specific examples are not cited. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are addressed. UDS's are routinely run and UDS reports from 09/25/13 and 11/23/13 are provided. The results show positive (present) for Hydrocodone). The treater states the results are consistent. Reports repeatedly state that the patient is counseled about the benefits and potential side effects of medications and state that each patient has a pain contract and mentions the use of CURES. No outcome measure are provided. In this case, analgesia and ADL's are not sufficiently documented to support long-term opioid use. The request IS NOT medically necessary.