

<b>Case Number:</b>	CM14-0210229		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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 & Rehabn

### 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 66-year-old female with an injury date of 08/06/2009. Based on the 05/27/2014 progress report, the patient complains of depression, anxiety, low back pain radiating to both legs, and neck pain which radiates to her bilateral upper extremities with numbness/tingling of arms, mid-back pain, and stiffness. There is tenderness to palpation of the bilateral upper trapezii, C4-C7 spinous processes, cervical paravertebral muscles and spinous processes. Shoulder depression is positive bilaterally. In regards to her thoracic spine, there is tenderness to palpation of the spinous processes and thoracic paravertebral muscles. Kemp's causes pain. For the lumbar spine, there is tenderness to palpation of the coccyx, lumbar paravertebral muscles, sacrum, and spinous processes. The straight leg raise is positive bilaterally. The 09/12/2014 report indicates that the patient continues to have constant neck pain which radiates into the shoulders, arms, hands, and fingers and she rates this pain as a 7/10. There is numbness/tingling in the hands and fingers as well as weakness of the upper extremities/hands. The patient rates her neck pain as a 7/10. The patient has left shoulder pain with swelling, numbness, tingling, and burning sensation. She rates her right shoulder pain as a 7/10, her low back pain as a 7/10, and left rib pain as a 5/10. In regards to the cervical spine, there is tenderness in the cervical and thoracic paraspinal region bilaterally and in the midline cervical/thoracic region. A trapezial tenderness is present. For the lumbar spine, there is tenderness in the lumbar paraspinal region bilaterally and of the midline lumbar spine. The patient's diagnoses include the following: 1.Cervical protruding disk syndrome with upper extremity radiculopathy.2.Bilateral shoulder strains and sprains.3.Overuse syndrome, bilateral wrists.4.Lumbosacral spine

strain/sprain superimposed on underlying multilevel degenerative and discogenic disease with complaints of left lower extremity radiculopathy. The utilization review determination being challenged is dated 11/18/2014. There are 2 treatment reports provided from 05/27/2014 and 09/12/2014.

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

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49; 115, Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78; 80-82; 86-87; 124.

**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 pain in her neck, left shoulder/arm, right shoulder/arm, lower back, legs, and ribs. The request is for NORCO 10/325 mg #15. The patient has been taking Norco as early as 05/27/2014. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month interval using the 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. There is no indication of when the patient began taking Norco. None of the reports provided gave any discussion on any change in patient's pain and function. None of the 4A's is addressed as required by MTUS Guidelines. The treater fails to provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.