

<b>Case Number:</b>	CM14-0215133		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 57 year old male with the injury date of 12/11/07. Per physician's report 12/10/14, the patient has pain in both of her feet. MRI reveals 1) significant osteoarthritis of the talonavicular articulation with subchondral cystic changes, subchondral cystic changes to the lateral aspect of the talar calcaneal articulation increased signal activity within the sinus tarsi 2) moderate osteoarthritis to the anterior aspect of the tibiotalar articulation at the region of the right ankle. The patient is currently taking Acetaminophen-Hydrocodone Bitartrate, Alprazolam, Ambien, Carvedilol, Celebrex, Doxazosin, Fluticasone Propionate, Hydrochlorothiazide-Losartan, Norco, Vicodin and Zolpidem tartrate. The patient remains off work. The lists of diagnoses are: 1) Tendonitis 2) Pes plano valgus 3) Plantar fasciitis 4) Deep vein thrombosis Per 10/31/14 progress report, the patient has low back pain and buttock pain at 5-7/10. The patient was not able to perform urine drug screening today. The patient had his initial restoration program evaluation. The patient has been using Lidoderm patches, Norco, Celebrex, Robaxin and Lunesta. "Lunesta 4mg at bedtime was more beneficial and still finds his sleep slightly broken up." There is tenderness from L4-S1 along the left paraspinal musculature and the left upper buttock. His lumbar extension is 10 degrees. The diagnosis is lumbago. Urine drug screen on 10/31/14 shows that he was positive for opiates. Per 08/28/14 progress report, the patient has unchanged pain at 8-9/10 without medication and 6.5/10 with medication. The patient continues to obtain Norco through his podiatrist [REDACTED]. The treater "counseled the patient regarding cutting back on his Norco use and eventually eliminating it." The patient feels Lunesta

is not effective in helping him sleep. The utilization review determination being challenged is dated on 12/15/14. Treatment reports were provided from 02/21/14 to 12/29/14.

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

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

**Retrospective Norco 5/325mg #120, DOS: 10/31/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**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 and weakness in his lower back and both of his feet. The request is for Retrospective Norco 325/5mg #120. The patient is currently taking Acetaminophen-Hydrocodone Bitartrate, Alprazolam, Ambien, Carvedilol, Celebrex, Doxazosin, Fluticasone Propionate, Hydrochlorothiazide-Losartan, Norco, Vicodin and Zolpidem tartrate. The patient has been utilizing Norco prior to 08/2/14 through his podiatrist [REDACTED]. The utilization review letter 12/15/14 denied this request, stating "First, the treatment guidelines do not recommend opioid treatment for chronic spinal pain." Second this is a notably chronic time frame" Third, the patient declined to perform a urine drug screen at a recent physician visit, which is of particular concern given the above red-flag factors. Regarding chronic opiate use, MTUS guidelines page 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 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. The review of the reports shows that the treater has addressed urine toxicology on 10/31/14 that the patient was positive for opiates. None of the reports discuss this medication's efficacy, only requesting for it to continue. The four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Norco #120 is not medically necessary.