

Case Number:	CM14-0215438		
Date Assigned:	01/05/2015	Date of Injury:	09/11/2003
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

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 52 year old female with an injury date of 09/11/03. Based on the 12/29/14 progress report provided by treating physician, the patient has a past medical history of hypertension and complains of significant neck pain radiating to the upper back and upper extremity on the right, intermittent paresthasias in both upper extremities, upper back pain, right cervical radicular symptoms, chronic back pain without evidence of significant lumbar radiculopathy, chronic pain syndrome, bilateral heel and ankle pain, paresthasias and burning and swelling in both feet. She is status post left tarsal tunnel with minimal benefits. She continues to have ongoing gait difficulties, and utilizes a cane. Physical examination revealed tenderness to palpation to the posterior cervical paraspinal muscles, from the possible level of C3 through C7. There is some loss of normal cervical lordosis. On examination of the lower back, there is tenderness to palpation over the lower lumbar paraspinal muscles from the possible levels of L3 through L5. On examination of the right foot, there is a well-healed surgical scar at the right medial heel. On examination of the left foot, there are well-healed medial ankle and left medial heel surgical scars. Her gait is grossly antalgic with weightbearing favored on the right leg. Range of motion was mildly restricted in the left ankle. Per treater report dated 12/29/14, the patient engages in HEP and swims, but has been having increasing difficulty doing this routine given her ongoing bilateral feet pain. Per progress report dated 12/19/13, "... patient's pain has been generally stable on MSER 30 mg TID and Norco 10/325 mg 5 tablets per day and is tolerating them well without adverse effects except some mild constipation..." Per progress report dated 12/29/14, treater "...recommended continuing the trial of Exalgo ER 16 mg qd. In

the future, dose increase of Exalgo may be required as we titrate the Norco down further..." Treater states that "...the patient wants to decrease her reliance on pain medication and has not been able to successfully wean down on her own and with medical guidance..." Urinalysis results dated 12/03/14 showed positive results for opiates. Patient is permanent and stationary. Diagnosis 12/29/14- Pain in joint lower leg- Pain in joint ankle foot- Degeneration cervical disc- Cervical Spinal Stenosis- Syndrome cervicobrachialThe utilization review determination being challenged is dated 01/01/15.The rationale is: "...there was no objective comparison made to baseline measurements..."Treatment reports were provided from 1/29/13 - 12/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

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 significant neck pain radiating to the upper back and upper extremity on the right, intermittent paresthesias in both upper extremities, upper back pain, right cervical radicular symptoms, chronic back pain without evidence of significant lumbar radiculopathy, chronic pain syndrome, bilateral heel and ankle pain, paresthesias and burning and swelling in both feet. The request is for Norco 10/325 mg #150 - modified to 1 prescription of Norco 10/325 Mg #100. Treater states that "...the patient wants to decrease her reliance on pain medication and has not been able to successfully wean down on her own and with medical guidance..." Patient is permanent and stationary. 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. Norco has been prescribed in treater reports from 01/29/13 and 12/29/14. Based on progress report dated 12/19/13, "... patient's pain has been generally stable on MSER 30 mg TID and Norco 10/325 mg 5 tablets per day and is tolerating them well without adverse effects except some mild constipation..." In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. There are no numerical scales or validated instruments to address analgesia. Urinalysis results dated 12/03/14 showed "positive results for opiates," however no discussions regarding aberrant behavior were provided. No opioid pain contract or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.