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| Case Number: | CM14-0215811 | | |
| Date Assigned: | 01/05/2015 | Date of Injury: | 10/08/2008 |
| Decision Date: | 02/20/2015 | UR Denial Date: | 11/24/2014 |
| 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 55 year old male sustained a work related injury on 10/08/2008. The injury occurred while lifting and moving a large heavy metal bench. He felt a sharp pain in the mid and low back area. When the table was dropped his right thumb was on top of the bench, thrusting his thumb upwards. He subsequently developed an acute onset of pain and symptomatology in the right thumb, thoracic spine and lumbar spine. Treatments have included physical therapy, acupuncture, pain medications, anti-inflammatories and muscle relaxants. On 10/28/2008, the injured worker underwent arthroscopic surgery of the right thumb. As of an office visit dated 07/23/2014, the injured worker was being seen for his left shoulder and bilateral knee claim. He reported his pain level as a 7 on a scale of 0-10 with medication. Medications included Norco, Neurontin, Cymbalta, Xanax, Skelaxin, Mobic, Ambien, Prilosec and Senokot. According to the provider, medications helped to improve pain and function. On 10/21/2014, Nerve Conduction Studies and Electromyography revealed electrodiagnostic evidence of mild to moderate demyelinating ulnar neuropathies across bilateral elbows (worse on the left), evidence consistent with a mild demyelinating sensorimotor generalized neuropathy (likely diabetic peripheral neuropathy). There was no electrodiagnostic evidence of a right or left upper extremity radiculopathy or plexopathy. According to a progress noted dated 11/10/2014, the injured worker complained of bilateral shoulder and bilateral knee pain. Pain was rated 8 on a scale of 0-10 in regards to the bilateral knees. He was currently awaiting corticosteroid injection, Synvisc injection and 12 sessions of physical therapy. Pain was rated 7 on a scale of 0-10 in regards to his left shoulder. He was currently waiting on manipulation under anesthesia and 12

sessions of physical therapy. Objective findings included no signs of sedation, speech was not slurred and the injured worker made good eye contact. A slightly antalgic gait was noted. There was mild tenderness to palpation of the bilateral knees with painful range of motion. Tenderness to palpation with painful range of motion was noted in the shoulder. Diagnoses included thoracic sprain/strain injury, lumbosacral disc injury, thoracic disc injury, bilateral S1 lumbosacral radiculopathy, right thumb internal derangement, right thumb TFCC tear with superficial distal ulnar medial, extensor and carpal ulnaris disruption as well as status post surgical repair of the right thumb, status post repair of the right thumb at level A2 and A3 pulley, anxiety, depression and status post right knee surgery on 11/28/2012. The treatment plan included a psychology evaluation, six sessions of cognitive behavioral therapy, medication management utilizing Norco 10/325mg four times a day for pain control, Skelaxin 800mg at bedtime for spasms, Cymbalta 60mg once a day for depression, Mobic 7.5mg for inflammation, gabapentin 300mg twice a day for nerve pain, Ambien 10 mg at bedtime for sleeplessness, Xanax 0.5mg twice a day for anxiety, Senokot for constipation and Lidoderm patches for topical relief. According to the provider he was tolerating it well and was cautioned on the possible side effects. On 11/24/2014, Utilization Review modified the request for Norco 10/325mg Qty: 120 to Norco 10/325mg Qty: 90 that were requested on 11/10/2014. The request was received on 11/17/2014. According to the Utilization Review physician, the record review did not specify the objective outcome of use of this short acting opiate analgesic including changes in pain score or functional activity intolerance. According to guidelines, ongoing use of opiate analgesic should be based on documentation of increased function and decrease in pain level. Tapering of this medication was recommended with 90 tables to assist with the weaning of this medication. Guidelines cited for this review included CA MTUS Chronic Pain Treatment Guidelines Pages 78-80 and 124. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use, Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, page 8, (2) Opioids, criteria for use,(3) Opioids Page(s): 76-8.

Decision rationale: The claimant has a remote history of a work related injury and continues to be treated for chronic pain. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, and poor pain control appears related to being unable to obtain medications. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical

examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.