

Case Number:	CM15-0129844		
Date Assigned:	07/16/2015	Date of Injury:	11/11/1999
Decision Date:	09/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 75-year-old female who sustained an industrial injury on 11/11/1999 resulting in pain to the back and leg. Treatment provided to date has included: left shoulder surgery (2002); bilateral carpal tunnel release; Toradol injection (2014); medications (Norco, Prilosec, Motrin, gabapentin, tizanidine, and Ultram); and conservative therapies/care. Diagnostic testing was not available for review and there was no discussion of testing results. Other noted dates of injury documented in the medical record include: 08/07/1996, 01/07/1998, 06/07/1999, 02/10/2001, and cumulative trauma dates 1190 through 12/23/2001. There were no noted comorbidities. On 05/16/2015, physician progress report noted complaints of persistent low back pain with numbness in the lower extremities. The pain was not rated in severity, but was described as burning pain. Additional complaints included aching neck pain, headaches, sinus pain, sore throat, dry mouth, heartburn, difficulty sleeping, fatigue, and leg cramps. The purpose of the office visit was reportedly for medication refills. Current medications include Prilosec, Motrin, gabapentin, and Ultram. The physical exam revealed abnormal toe walk on the right, tenderness to palpation of the paraspinal musculature of the thoracic and lumbar regions, a thoracic muscle spasm noted on the right, lumbar muscle spasms bilaterally, restricted active range of motion (ROM) in the lumbar spine, spasms with lumbar ROM, and decreased sensation at the L5 dermatome bilaterally (right greater than left). The provider noted diagnoses of cervical strain, left shoulder pain following surgery (2002), bilateral wrist pain following carpal tunnel surgery, multilevel lumbar disc bulging, left knee contusion, and rib contusion. Plan of care includes continued medications with the addition of Norco for break through pain, and follow-

up. The injured worker's work status is permanent and stationary. The request for authorization and IMR (independent medical review) includes: Norco 10-325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78, 60, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Hydrocodone/Acetaminophen (Norco) is an opioid drug that is used to treat moderate to moderately severe pain. The MTUS discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of Norco when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. Upon review of the submitted documentation, the progress reports show that the injured worker had been prescribed Norco and Ultram alternately for several months. There was no explanation in regards to the rationale for this alternating method of prescribing these medications. Additionally, the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; or 7) improvement in function. Furthermore, there has been no overall measurable improvement in function or decrease in pain while taking this medication over the last several months. As such, hydrocodone/acetaminophen (Norco) 10-325mg #45 is not medically necessary.