

Case Number:	CM15-0175730		
Date Assigned:	09/17/2015	Date of Injury:	04/08/2005
Decision Date:	10/23/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 injured worker is a 58 year old male, who sustained an industrial injury on 4-8-2005. The injured worker was diagnosed as having pain in both shoulders with SLAP lesion on the right, lumbosacral strain with disc degeneration, lumbar degenerative disc disease, lumbar disc pain, lumbar radiculitis. The request for authorization is for: one prescription of Norco 10-325mg #60. The UR dated 8-18-2015: non-certified the request for one prescription of Norco 10-325mg #60. The records indicate he has utilized Norco since at least August 2012, possibly longer. On 7-7-2015, he reported pain to the low back, hip, and shoulder. He rated his pain 8-9 out of 10 without medications and 3-4 out of 10 with medications. He indicated pain is made better with injections, medications, and changing positions. Physical findings revealed decreased sensation over the right lower leg, non-tender sacroiliac joints, tenderness over the low back, positive straight leg raise testing, and diffuse tenderness to both shoulders. On 8-11-2015, he reported pain to the low back, hip and right shoulder. "He finds his medications helpful. He tolerates them well and takes them as prescribed". He is reported to be taking Norco, Naproxen, and Cyclobenzaprine. "He only takes Norco for his severe pain and tries to limit it to one to two a day". He reportedly can do more around the house including yard work with the use of medications. He rated his pain as 3-4 out of 10 with medications and 8-9 out of 10 without medications. He indicated on this visit that his pain had worsened and requested a Toradol injection, which are reported to give him 50% pain relief and last for 4 weeks at a time. Physical examination revealed a normal gait, decreased sensation over the right lower leg in multiple dermatomes, non-tender sacroiliac joints, negative Patrick's sign and Gaenslen's maneuver, tenderness over the low back area, and positive

straight leg raise testing on the right. The bilateral shoulders are noted to have diffuse tenderness and decreased ranges of motion. A CURES report on this date is noted to be consistent. An opioid agreement is noted to be signed and on file in the office. Work status is noted to be permanent and stationary. The treatment and diagnostic testing to date has included: QME (5-12-2010), right shoulder surgery (8-1-2007), medications, physical therapy, x-ray and magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the lumbar (7-22-2015), home exercise program, heat and ice, urine toxicology (7-7-2015), CURES (8-11-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 09/10/15 with pain in the lower back, hip, and bilateral shoulders rated 4-6/10 with medications, 7-9/10 without. The patient's date of injury is 04/08/05. Patient is status post right shoulder surgery on 08/01/07. The request is for Norco 10/325mg Qty 60. The RFA is dated 08/12/15. Physical examination dated 09/10/15 reveals diffuse tenderness to palpation of the bilateral shoulders, positive straight leg raise test, decreased sensation in the right lower extremity, and tenderness over the L5-S1 bilateral lumbar paraspinal muscles. The patient is currently prescribed Norco, Flexeril, Tramadol, Lidocaine, Penicillin, Phenergan, and Omeprazole. Patient is currently classified as permanent and stationary. MTUS, Criteria For Use Of Opioids Section, 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, Criteria For Use Of Opioids Section, 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. MTUS, Criteria For Use Of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids For Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Norco for the management of this patient's chronic pain, the request is not supported per MTUS guidelines. Per progress note dated 09/10/15 the provider does include documentation that narcotic medications reduce this patient's pain from 7-9/10 to 4-6/10. The provider also includes

documentation of several activity-specific functional improvements. Several consistent urine toxicology reports were also included, and the provider specifically notes a lack of aberrant behavior. In this case, 4A's criteria have been adequately addressed. However, more importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This patient has been prescribed several narcotic medications long term, and is not presumed to be suffering from nociceptive pain. While this patient presents with significant chronic complaints, without evidence of an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate and the patient should be weaned. Therefore, this request is not medically necessary.