

Case Number:	CM15-0179579		
Date Assigned:	09/21/2015	Date of Injury:	08/31/2011
Decision Date:	10/29/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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 46 year old male who sustained an industrial injury on 08-31-2011. Mechanism of injury was a 10 foot fall from a tanker. Diagnoses include status post L5-S1 TLIF, post-operative lumbago, chronic cervicgia with intermittent right cervical radiculopathy, status post DeQuervain's release, status post right carpal tunnel release with mild improvement, chronic intractable pain syndrome, post-operative bilateral S1 radiculopathy, symptomatic hardware L5-S1, depression, and L5-S1 pseudarthrosis per computed tomography. A physician progress note dated 07-27-2015 documents the injured worker complains of neck pain radiating into the mid scapular region with posterior headaches. He rates his pain as 7 out of 10 on the Visual Analog Scale with medications and 10 out of 10 on Visual Analog Scale without medications. He has numbness and pain in his bilateral forearms and wrists and complains of low back pain with numbness and pain in the calves and rates his pain as 7 out of 10 with medications and 10 out of 10 without medications. He has difficulty with activities of daily living. He has pain over the carpal tunnel on the right with compression. He has tenderness over the midline lumbar spine. He has decreased sensation over the left S1 dermatome distribution. Straight leg raise is positive on the right. The documentation in a progress notes dated from 04-27-2015 to 07-02-2015 states his pain is unchanged and rates it as 7 out of 10 on medications and 10 out of 10 without medications. Treatment to date has included diagnostic studies, medications, physical therapy, injections, psychological treatment, cognitive behavioral therapy, status post L5-S1 transforaminal lumbar interbody fusion in June of 2013, right carpal tunnel release and a

DeQuervain's release versus ganglion cyst removal, chiropractic therapy and acupuncture. An Electromyography and Nerve Conduction Velocity done on 04-28-2015 showed no cervical radiculopathy and no ulnar entrapment or carpal entrapment of the nerves. A Magnetic Resonance Imaging of the cervical spine done on 06-09-2015 revealed mild cervical spondylosis at C4-5, C5-6, and C6-7 discs. There is no evidence of significant disc protrusion or spinal stenosis. A Magnetic Resonance Imaging of the lumbar spine done on 04-01-2015 revealed mild canal stenosis L3-L4 and mild to moderate bilateral L3-L4 and L4-L5 neural foraminal narrowing. A urine drug screens was done on 01-30-2015 and was consistent. He is not working. Current medications include Neurontin, Norco, and Robaxin. He has been on Norco since at least 01-26-2015. On 08-12-2014 the Utilization Review non-certified the request for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioids.

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

Decision rationale: The 46 year old patient complains of neck pain radiating to the mid scapular region with posterior headaches, pain and numbness in bilateral forearms and wrists, and low back pain with numbness and pain in the calves, as per progress report dated 07/29/15. The request is for NORCO 10/325mg #120. The RFA for the case is dated 07/02/15, and the patient's date of injury is 08/31/11. The patient is status post L5-S1 TLIF in June, 2013, status post De Quervain's release, and status post carpal tunnel release with mild improvement, as per progress report dated 07/29/15. Diagnoses also included post-operative lumbago, chronic cervicgia with intermittent right cervical radiculopathy, chronic intractable pain syndrome, post-operative bilateral S1 radiculopathy, symptomatic hardware at L5-S1, depression, and L5-S1 pseudoarthrosis. Medications included Neurontin, Norco, and Robaxin. The patient is temporarily totally disabled, as per progress report dated 07/02/15. 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, p77, 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

p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." In this case, Norco is first noted in progress report dated 01/30/15. It is not clear when the medication was initiated. As per progress report dated 07/29/15, medications help reduce pain from 10/10 to 7/10. As per progress report dated 06/25/15, the patient is taking Norco for chronic pain secondary to failed back syndrome, and "medications help." In progress report dated 05/06/15, the treater states the patient "has improvements in the ADLs, ncluding self-care/personal hygiene, physical and hand activities, gait, and sleep." An UDS report, dated 07/30/15, is also available for review. MTUS, however, requires documentation of objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. The Guidelines state that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There is no CURES reports available for review to address aberrant behavior, nor discussion regarding adverse effects of Norco. In this case, treater has not addressed the 4A's sufficiently to warrant continued use of this medication. Hence, the request IS NOT medically necessary.