

<b>Case Number:</b>	CM15-0066502		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/26/1993
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 72 year old male, who sustained an industrial injury on 05/26/1993. He has reported injury to the neck, knee, and low back. The diagnoses have included lumbosacral spondylosis; lumbar radiculopathy; cervicgia; cervical spondylosis; and knee internal derangement. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Morphine ER, and Lyrica. A progress note from the treating physician, dated 03/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain and bilateral knee pain; pain is rated at 7/10 on the visual analog scale; and pain is controlled with current medications. Objective findings included tenderness in the right and left lumbar paravertebral regions; painful and restricted lumbar spine range of motion; and tenderness in the cervical paravertebral regions bilaterally at the C4-C5 and C5-C6 level. The treatment plan has included the request for Norco 10/325 mg quantity 30; Norco 10/325 mg quantity 30; and inpatient detoxification program.

### 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 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 05/26/1993. The medical records provided indicate the diagnosis of umbosacral spondylosis; lumbar radiculopathy; cervicalgia; cervical spondylosis; and knee internal derangement. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Morphine ER, and Lyrica. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg Qty 30. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker's use of this medication predates 07/2014; since then, there has not been overall improvement in pain and function; the injured worker is not properly monitored for pain control. Therefore, the requested treatment is not medically necessary.

**Norco 10/325 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 05/26/1993. The medical records provided indicate the diagnosis of umbosacral spondylosis; lumbar radiculopathy; cervicalgia; cervical spondylosis; and knee internal derangement. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Morphine ER, and Lyrica. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg Qty 30. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the injured worker's use of this

medication predates 07/2014; since then, there has not been overall improvement in pain and function; the injured worker is not properly monitored for pain control. Therefore, the requested treatment is not medically necessary.

**Inpatient Detoxification Program, unknown: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Detoxification.

**Decision rationale:** The injured worker sustained a work related injury on 05/26/1993. The medical records provided indicate the diagnosis of umbosacral spondylosis; lumbar radiculopathy; cervicalgia; cervical spondylosis; and knee internal derangement. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Morphine ER, and Lyrica. The medical records provided for review do not indicate a medical necessity for Inpatient Detoxification Program, unknown. The MTUS defines detoxification as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. The Official Disability Guidelines defines it .as a medical intervention that manages a patient through withdrawal syndromes. The records indicate the injured worker has for a long time been on Norco 10/325 one daily, and Morphine 30mg ER one three times daily. There was no record of addiction or abuse or psychiatric problems. The MTUS has no criterion for Detoxification, the Official Disability Guidelines states, "there are no specific guidelines that have been developed for detoxification for patients with chronic pain. The process of detoxification includes evaluation, stabilization, and preparation of the patient for further treatment that should be specifically tailored to each patient's diagnostic needs." The records do not indicate the injured worker has any withdrawal symptoms, therefore in patient program will not be appropriate at this stage. Therefore, the requested treatment is not medically necessary.