

<b>Case Number:</b>	CM15-0068417		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/19/2006
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 35 year old male who sustained an industrial injury on 9/19/06. The injured worker reported symptoms in the bilateral upper extremities, back and left knee. The injured worker was diagnosed as having lumbar discogenic disease, chronic low back pain, cervical discogenic disease, chronic cervical spine sprain/strain, and bilateral carpal tunnel syndrome and left knee internal derangement. Treatments to date have included cane, aquatic physical therapy, chiropractic treatments, group therapy, oral pain medication, wrist splints, and transcutaneous electrical nerve stimulation unit. Currently, the injured worker complains of pain in the bilateral upper extremities, back and left knee. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 88-90, 76-78.

**Decision rationale:** The patient presents with pain in the neck, low back, bilateral hand and wrist pain, and left knee pain, rated 8/10. The request is for NORCO 10/325MG, #180. The provided RFA is dated 03/18/15 and the date of injury is 09/19/06. The diagnoses include lumbar discogenic disease, chronic low back pain, cervical discogenic disease, chronic cervical spine sprain/strain, and bilateral carpal tunnel syndrome and left knee internal derangement. Per 02/17/15 report, physical examination to the cervical spine revealed spasm, painful and decreased range of motion. There is radiculopathy noted bilaterally at C5-6. Exam of the lumbar spine also revealed spasms with painful and decreased range of motion. Positive Laseague's bilaterally and positive straight leg raise test bilaterally. There is decreased sensation on the left at S1. The left knee reveals patellofemoral crepitation. Bilateral hands are positive for the Phalen and Tinel test. Treater reports, "The patient's pain decreases with medication and his function increases allowing him to be more active." Current medications include Norco, Celebrex, and Laxacin. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco was prescribed to the patient at least since 09/02/14, per provided medical reports. Per 02/17/15 report, "The patient doesn't present with any aberrant behaviors and has signed a pain contract. Screenings urinalysis are performed periodically." The use of opiates require detailed documentation regarding pain and function as required by MTUS. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding adverse reactions, ADL's, UDS results or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Laxacin 50mg, #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), 2015, Laxacin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines constipation Page(s): 77.

**Decision rationale:** The patient presents with pain in the neck, low back, bilateral hand and wrist pain, and left knee pain, rated 8/10. The request is for LAXACIN 50MG, #100. The provided RFA is dated 03/18/15 and the date of injury is 09/19/06. The diagnoses include lumbar discogenic disease, chronic low back pain, cervical discogenic disease, chronic cervical spine sprain/strain, and bilateral carpal tunnel syndrome and left knee internal derangement. Per 02/17/15 report, physical examination to the cervical spine revealed spasm, painful and

decreased range of motion. There is radiculopathy noted bilaterally at C5-6. Exam of the lumbar spine also revealed spasms with painful and decreased range of motion. Positive Laseague's bilaterally and positive straight leg raise test bilaterally. There is decreased sensation on the left at S1. The left knee reveals patellofemoral crepitation. Bilateral hands are positive for the Phalen and Tinel test. Treater reports, "The patient's pain decreases with medication and his function increases allowing him to be more active." Current medications include Norco, Celebrex, and Laxacin. The patient is permanent and stationary. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Laxacin was prescribed to the patient at least since 09/02/14, per provided medical reports. In regards to the requested Laxacin for the management of this patient's Opioid associated constipation, the medication is not necessary as continued opiate usage is not substantiated. Such medications are appropriate interventions for those undergoing long-term opiate use, though in this case the associated Norco is not supported for continued use owing to a lack of documented efficacy. Therefore, this request IS NOT medically necessary.