

<b>Case Number:</b>	CM15-0076597		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 55 year old male who sustained an industrial injury on 4/5/13 the day of his termination. On 2/1/13 the injured worker took a miss-step and fell onto his right side while carrying a roll of plastic. He experiences right ankle pain. As he continued to work he experienced increased pain in the low back, right knee and neck. He was treated with Ambien, Naprosyn, Prilosec, physical therapy without much benefit, MRI of cervical and lumbar regions. He currently complains of low back pain; his right knee pain was improved with Synvisc injections; the neck pain, bilateral shoulder pain and right ankle pain were intermittent. His pain level was 3-4/10 with medications and 7-8/10 without medications. Medications are Fexmid, Sonata, Ultram ER, and Prilosec. Diagnoses include cervical spine musculoligamentous strain/sprain with bilateral upper extremity radiculitis; lumbar musculoligamentous strain/sprain with bilateral lower extremity radiculitis; bilateral shoulder strain with tendinitis and impingement; right knee sprain and patelloforaminal arthralgia with moderate to severe tricompartmental osteoarthritis; right ankle sprain/ strain; headache; psychiatric and sleep disorder. Treatments to date include medications; Synvisc injection to the right knee times three with a 40% benefit; knee brace; transcutaneous electrical nerve stimulator unit. Diagnostics include MRI of the cervical spine (2/26/14) abnormal; lumbar MRI (5/2/13) abnormal; x-ray right knee (5/2/13) abnormal; electromyography/ nerve conduction studies of upper and lower extremities (2/26/14); MRI of the right knee 2/24/15). In the progress note dated 3/10/15 the treating provider's plan of care requests changing Ultram ER to Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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 treating physician does not fully document the least reported pain over the period since last assessment, increased level of function, or improved quality of life. The UR modified the request to allow for a wean which is appropriate. As such, the request for Norco 5/325mg # 60 is not medically necessary.