

<b>Case Number:</b>	CM15-0092488		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	07/01/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 47-year-old male with an industrial injury dated 7/01/2009. The injured worker's diagnoses include thoracic sprain/strain, cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis/bursitis, wrist tendinitis/bursitis, and knee tendinitis/bursitis. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/16/2015, the injured worker reported pain in the cervical, thoracic, lumbar, shoulder, bilateral wrist and bilateral knee. Objective findings revealed decreased range of motion of the cervical spine with spasm, tenderness and guarding. There was numbness in the bilateral upper extremities over the C6 dermatome, decreased thoracic range of motion with spasm, tenderness and guarding. Decrease range of motion in the bilateral shoulders, bilateral wrist, and right knee were noted on examination. Documentation also noted tenderness to palpitation over the medial joint line, lateral joint line and patella with positive impingement signs and positive reverse Phalen's test. The treating physician prescribed one prescription of Norco 7.5/325mg, #60 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 7.5/325mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

**Decision rationale:** Per the 04/13/15 progress report, the requesting physician states the patient presents with decreased range of motion of the cervical, lumbar and thoracic spine with spasm and tenderness along with numbness in the bilateral upper and lower extremities. He is s/p lumbar surgery date unknown. There is also decreased range of motion of the bilateral wrists and right knee. The current request is for ONE PRESCRIPTION OF NORCO 7.5/325mg #60 Hydrocodone, an opioid per the 04/13/15 progress report and 04/16/15 RFA. The patient is Temporarily Totally Disabled. MTUS Guidelines 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 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. The reports provided for review show the patient has been prescribed Norco on a long-term basis since before 09/22/14. In reports from 12/15/14 to 04/13/15, the treating physician states that Norco reduces the patient's pain 30-40% and that anti-inflammatories do not provide sufficient pain relief. It is noted that the patient is s/p very significant surgical intervention and remains a candidate for surgery. With the use of pain medications that include Norco, Lexapro and Gabapentin the patient experiences improved function including improved sleep, the ability to stand and walk for longer periods of time, and is able to perform self grooming and chores around the house. It is noted that there are no side effects and there is no suspicion of aberrant behavior. In this case, the 4As have been sufficiently documented as required by the MTUS guidelines. The request IS medically necessary.