

<b>Case Number:</b>	CM15-0097667		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	04/10/2001
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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 64-year-old female, who sustained an industrial injury on April 10, 2001. The injured worker was diagnosed as having lumbar region sprain, chronic back pain, bilateral carpal tunnel syndrome, right lateral epicondylitis, and lumbar spine degenerative disc disease. Treatment to date has included epidural steroid injections (ESIs), water aerobics, physical therapy, psychotherapy, and medication. Diagnostics have included electromyography (EMG)/nerve conduction studies (NCS), x-rays, MRI. Currently, the injured worker complains of lower backache with radiating pain to legs, and bilateral wrist pain, and poor quality of sleep. The Primary Treating Physician's report dated April 21, 2015, noted the injured worker reported her pain with medications as a 2 on a scale of 1 to 10, and an 8 without medications. The injured worker's current medications were listed as Lidoderm patch, Zanaflex, Norco, Lunesta, Hydrochlorothiazide, and Metformin HCL. An electromyography (EMG)/nerve conduction study (NCS) of the bilateral lower extremities done on February 26, 2014, was noted to be abnormal, consistent with a low grade left S1 radiculopathy and generalized peripheral neuropathy. Physical examination was noted to show the injured worker with an antalgic gait, with lumbar spine range of motion (ROM) restricted by pain, and paravertebral muscles, hypertonicity, spasm, and tight muscle band was noted on palpation bilaterally. Straight leg raise was positive on the right side, with tenderness noted over the sacroiliac spine, and light touch sensation decreased over the lateral calf, posterior thigh, lateral thigh, and the L5 and S1 lower extremity dermatomes on both sides. The injured worker was noted to have chronic back pain, left S1 radiculopathy, generalized peripheral neuropathy, bilateral carpal tunnel syndrome,

tendinopathy of the right shoulder, and epicondylitis of the right elbow with recovery. The treatment plan was noted to include pending authorization for a TENS unit, discontinuation of Lunesta for ineffectiveness, a trial of Trazodone for sleep disturbance, refill of medications including Norco, Zanaflex, and Lidoderm patch, with Gabapentin prescribed by another physician, continued water aerobics, and continued follow up with her psychiatrist, psychologist, and primary care physician. The injured worker's work status was noted to be permanent and stationary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

**Decision rationale:** The injured worker sustained a work related injury on April 10, 2001. The medical records provided indicate the diagnosis of lumbar region sprain, chronic back pain, bilateral carpal tunnel syndrome, right lateral epicondylitis, and lumbar spine degenerative disc disease. Treatment to date has included epidural steroid injections (ESIs), water aerobics, physical therapy, psychotherapy, and medication. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #90. 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 if 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 MTUS recommends that when an individual is on long-term treatment with opioids the pain and functional improvement be measured every six months and be compared with the baseline levels using a numerical value. The records indicate the injured worker has been on opioids at least since 2003, but without evidence of pain and functional improvement assessment with numerical values, or that, they are being compared to the baseline levels every six months. The request is not medically necessary.