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| <b>Case Number:</b>   | CM13-0038555 |                              |            |
| <b>Date Assigned:</b> | 06/09/2014   | <b>Date of Injury:</b>       | 04/14/2011 |
| <b>Decision Date:</b> | 08/07/2014   | <b>UR Denial Date:</b>       | 10/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/25/2013 |

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 32-year-old who reported an injury on April 14, 2011 due to an unknown mechanism of injury. The injured worker complained of abdominal pain, bright red blood per rectum, constipation, acid reflux, and episodic left flank pain. On August 21, 2011, the physical exam revealed soft normoactive bowel sounds. There was bright red blood per rectum noted upon examination. There were no diagnostic studies submitted for review. The injured worker had diagnoses of abdominal pain, acid reflux, constipation, rectal bleeding, and sleep disorder. There were no past treatment methods submitted for review. Medications included Citrucel, Colace 250 mg, Prilosec 20 mg, and MiraLAX 17 grams. The current treatment plan is for Norco 10/325 mg #120 tablets of Vicodin. The rationale was not submitted for review. The request for authorization form was dated September 17, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325, 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-78.

**Decision rationale:** The injured worker has a history of abdominal pain. The Chronic Pain Medical Treatment Guidelines state in regards to opioids, that there must be 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. It is recommended for ongoing monitoring that the 4 A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. There was lack of documentation of a proper pain assessment to include current pain, the least reported pain over 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. Also, the 4 A's required for ongoing monitoring of opioids were not provided. In addition, the frequency was not included in the request. Given the above, the request for Norco 10/325, 120 count, is not medically necessary or appropriate.