

<b>Case Number:</b>	CM13-0050636		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/03/2007
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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 patient is a 68 year old female who sustained a work-related injury on 10/3/07. [REDACTED] has diagnosed the patient with sprain of the hip, osteoarthritis, sprain of the neck, sprain of the lumbar spine, sprain of the shoulder and upper arm, rotator cuff syndrome of the shoulder, and tenosynovitis of the hand and wrist. According to a progress report dated 6/25/13 states that the patient reports pain at 6-8/10 on the VAS pain scale with medication, and 9-10/10 without medication. Objecting findings include right knee with positive crepitus on passive range of motion, decreased range of motion, and 4/5 weakness with flexion/extension. The lumbar spine exam revealed tenderness to palpation of the paravertebral muscles and straight leg raising cause pain to the lower back. There is decreased range of motion in all planes. The current list of medications includes Norco, Flexeril, and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 120 Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

**Decision rationale:** This patient presents with chronic neck, back, shoulder and hip pain. The treating physician is requesting a refill for Norco 10/325mg for pain relief. For chronic opiate use, MTUS guidelines require documentation of the four A's (analgesia, activities of daily living, adverse side-effects, and aberrant behavior) is also required. Furthermore, the MTUS recommends documentation of current pain, average pain, least pain, the time it takes for medication to work, the duration of pain relief with medications, etc. On 12/6/12 report, there is a mention of the patient is self care independent with meds. Her pain level was at 8/10 without medications, to 5/10 with medications. On 1/15/13, pain is at 8/10 without medications and 5/10 with medications. None of the reports show that this patient is working. On 6/25/13 report, the patient has 9-10/10 pain with medications and 6/10 without medications. This documentation does not provide enough information to support the on-going use of medication. There is no documentation of outcome measures such as average pain, least pain, duration of relief with meds, etc. The patient's functional level is not adequately documented with use of medication. The treating physician does provide before/after pain scales, but this by itself is inadequate. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, ongoing use cannot be authorized. The request is noncertified.