

<b>Case Number:</b>	CM14-0107414		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 07/25/2012. The mechanism of injury is not provided. Her diagnosis was noted to be herniated nucleus pulposus of the lumbar spine and herniated nucleus pulposus of the cervical spine. Prior treatment was noted to be chiropractic care and medications. Diagnostic studies were noted to be x-rays. It was noted in the review that the injured worker had no prior surgical procedures. The injured worker was noted to have subjective complaints during a clinical evaluation on 06/25/2014. She noted neck pain radiating into shoulders, arms, and hands. She also complained of low back pain radiating into the buttock areas and down both legs. She rated her neck pain at 8/10 and her back pain at 9/10. The objective physical exam findings revealed tenderness in the lower lumbar spine. Tenderness was noted in the bilateral paracervical muscles, and active range of motion was slightly impaired. Her medications were noted to be tramadol, Norco, and Anaprox. The treatment plan was for refills of medications. The rationale for the request was within the treatment plan. The Request for Authorization form was not provided within the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review failed to provide an adequate pain assessment or documentation of efficacy. It was not noted that side effects were addressed, or that there was a recent urine drug screen. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to provide a dosage and frequency. Therefore, the request for Norco 10/325mg #90 with 3 refills is not medically necessary.