

<b>Case Number:</b>	CM14-0122547		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/22/2003
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 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 67-year-old female who reported an injury on 11/22/2003. The mechanism of injury is unknown. Diagnoses included cervical radiculopathy, cervicgia, lumbar radiculopathy, chronic pain, facet arthropathy. Past treatments included medications, a home exercise program, moist heat, and stretches. Pertinent diagnostic testing was not provided. Surgical history included neck surgery, lumbar facet arthropathy. On 06/16/2014, the injured worker was seen for constant pain in the neck and upper extremities, low back, buttocks, and down to the feet. The description of the pain was dull and aching, throbbing, cramping, weakness, and spasms. The pain rating was 8/10. Aggravating factors included increased activity, sitting, standing, and walking, alleviating factors included heat, rest, lying down, quiet, medication, and massage. The current medications included Baclofen 10mg 1 at bedtime, MS-Contin 15mg XR 12 hour tab 1 twice a day, and Norco 10/325mg 1 every 4 to 6 hours as needed. The plan was to continue with conservative treatment to include a home exercise program, moist heat, and stretches, enhanced sleep, improve mobility, improve self-care, increase recreational activities, increase social activities, increase physical activities, housework, and employment. The last urine drug screen noted was 05/12/2014 and 03/10/2014. Both were positive for Hydrocodone, Hydromorphone and Morphine. The Request for Authorization was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #75:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 91; 78.

**Decision rationale:** The injured worker has a history of back pain and shoulder pain. The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There was a lack of documentation of an opioid agreement. The guidelines are not supportive for long-term use. There is lack of documentation of functional improvement. There is a lack of documentation of the pain relief, side effects, physical and psychosocial functioning, and drug-related behaviors. There is lack of frequency provided within the request. Therefore, the request is not medically necessary.

**MS Contin 15mg #60:** Upheld

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

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

**Decision rationale:** The injured worker has a history of neck and back pain. The CA MTUS guidelines recognize opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Pure-agonists: include natural and synthetic opioids such as morphine sulfate (MS Contin). The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation of the pain relief, side effects, physical and psychosocial functioning, and the drug-related behaviors. There is a lack of documentation for the frequency in the request. Therefore the request is not medically necessary.