

<b>Case Number:</b>	CM14-0131808		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 & Rehabilitation 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 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 51-year-old female who has submitted a claim for lumbago associated with an industrial injury date of February 25, 2008. Medical records from 2014 were reviewed, which showed that the patient complained of chronic neck, mid back and low back pain. The patient reported at least 50% improvement with current medications, and activities of daily living (ADLs) remained improved due to current medications. The patient also had symptoms of depression and sleeping difficulty, which improved with current medications as well. The physical examination revealed limited range of motion in the cervical spine, muscle spasms bilaterally, and positive twitch response and taut bands. Tenderness was elicited over the posterior thoracic spine and myofascial trigger points including twitch responses in the thoracic paraspinal muscles were found. There were mild radiating paresthesias provoked by cervical rotation, shoulder abduction, elbow extension, and wrist extension. Also, light pressure provoked sweating and guarding and L5-S1 facet loading on the left side was positive. C5-C6 sensation was reduced bilaterally, as well as the right anterior abdomen, lower thoracic dermatomal distribution and right lower extremity. Treatment to date has included medications (Norco, Nucynta, Wellbutrin, and Tizanidine), as well as the use of H-wave device, TENS and acupuncture. A utilization review (UR) from July 26, 2014 modified the request for Norco 10/325mg from #120 to #90, because there was no documented evidence of subjective and objective findings of pain and functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains 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. 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. In this case, the patient has been taking Norco for pain since at least January 2014. There is no record to indicate objective improvement in the patient as a result of its use in terms of pain reduction or improved functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Constipation was present but this was controlled with Docusate. There is no recent urine drug screen that would provide insight regarding the patient's compliance with the prescribed medication program. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325mg #120 is not medically necessary.