

<b>Case Number:</b>	CM14-0150414		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 38 years old female who sustained a work injury on 1-29-10. On this date, the claimant was lifting a pallet hen felt pain to the right side of her neck and developed pain to her back. Office visit from 7-16-14 notes the claimant had right shoulder pain, thoracic pain and low back pain. She is currently treating with medications, to include Norco, Ibuprofen and Biofreeze. The claimant reports that with medications she is able to bring her pain down to a 5/10. The medications take effect within 15 minutes and lasts for 3 hours. There is no adverse reactions and no aberrant behaviors. She reports that with medications she is able to do light housework and walk for about half an hour and without medications she would not be able to do this. She feels that medications are effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tablets 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - opioids

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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 treating doctor documents the claimant reports that with medications she is able to bring her pain down to a 5/10. The medications take effect within 15 minutes and lasts for 3 hours. There is no adverse reactions and no aberrant behaviors. She reports that with medications she is able to do light housework and walk for about half an hour and without medications she would not be able to do this. She feels that medications are effective. He documents a thorough pain assessment for the ongoing use of this medication. Therefore, the medical necessity of this medication is established per current treatment guidelines and recommend certification.