

<b>Case Number:</b>	CM14-0168163		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	01/10/2006
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Medicine and Acupuncture 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:

60 year old female injured worker with date of injury 1/10/06 with related neck and low back pain, as well as carpal tunnel syndrome. Per progress report dated 5/12/14, the injured worker reported to find her medications well tolerated and helpful, including methadone for chronic pain, Norco for breakthrough pain, Robaxin for acute flare up of muscle spasms, and Cymbalta for nerve pain caused by CTS (carpal tunnel syndrome). With her medications she was able to walk around her house, shower, and get up and walk to the bathroom. She rated her pain 9/10 without medications and 7-8/10 with medications. Per physical exam, there was tenderness over the cervical paraspinals and cervical range of motion was reduced in all planes due to pain. Treatment to date has included injections, physical therapy, and medication management. The date of UR decision was 5/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tablets 10/325mg 1-2 tabs every 4-8 hours as needed QTY: 200.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any 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 medical records available for review contain documentation of pain relief, functional improvement, and address side effects, and appropriate usage. It was documented that the use of this medication reduced the injured worker's pain from 9/10 to 7-8/10 and allowed her to complete ADLs (activities of daily living) around her home. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS (urine drug screen) dated 7/7/14 was consistent with prescribed medications. The request is medically necessary.