

<b>Case Number:</b>	CM14-0171289		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/21/2004
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Internal Medicine 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 (IW) is a 47-year-old man with a date of injury of December 12, 2004. The mechanism of injury was not documented in the medical record. The most current documentation dated August 28, 2014 shows subjective findings of pain despite increasing Norco. The IW was told he could take 5 Norco a day instead of 4 Norco a day on July 4, 2014. Current pain without medications is 9-10/10, and pain with medications is 6/10. Objective finding from July 4, 2014 include diminished range of motion in the lumbar spine with pain and limping favoring the right lower extremity. Objective findings from the August 28, 2014 note indicated no significant change. The current diagnosis for the IW is chronic persistent right shoulder pain (industrial denied); chronic neck pain; chronic low back pain; and right lower extremity pain. Current medications include: Norco 5/325mg, five a day; Prilosec 20mg daily; Cymbalta 30mg daily; and Neurontin 600mg orally TID. MRI of the lumbar spine from September 17, 2013 indicated normal studies. , MRI from September 17, 2013 showed disc degeneration at C3-C4 mostly and small posterior disc/osteophyte noted at C3-C4, otherwise normal studies. Treatment plan dated August 28, 2014 indicates that Norco 5/325mg will be stopped, and Norco 10mg TID will be started to see if the increased strength will help his pain. Other medications refilled. An authorization was made for a new cane. Work status indicated sedentary work only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Ongoing Opiate Use Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Ongoing Opiate Use

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, and Norco 10/325 mg #180 is not medically necessary. The guidelines set forth the requirements for ongoing opiate use. The medical record should contain an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opiate, 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, level of function for improved quality of life. The Four A's for ongoing monitoring our pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug related behaviors. Opiates should be discontinued if there has been no improvement in function, pain or if the patient request discontinuation. Opiates may be continued if the patient has returned to work. In this case, the injured worker increased his dose of Norco in May 2014. The injured worker was reevaluated August 28, 2014 and continued with subjective findings of pain despite increasing the dose of Norco. The proper documentation, outlined above for ongoing opiate use, is not present in the medical record. Current diagnoses are chronic persistent right shoulder pain, chronic neck pain; chronic low back pain and right lower extremity pain. Notes indicated from moderate to moderately severe pain. However, as noted above, opiates should be discontinued if there has been no improvement in function or pain. There has been no improvement in pain or function, consequently Norco's continued use is not indicated at this time. The injured worker has not had significant improvement in pain and function. Based on the clinical information in the medical record and the peer-reviewed evidence based guidelines, Norco 10/325 mg #180 is not medically necessary.