

<b>Case Number:</b>	CM14-0182946		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	05/16/2007
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old male with an injury date of 05/16/07. Based on 09/24/14 progress report provided by [REDACTED], the patient complains of neck pain that radiates to the left upper extremity and lower back pain that radiates to lower extremities. The patient is experiencing another bout of increased pain rated at 9/10 which has lasted for about 2 weeks. Physical examination of the cervical region revealed limited range of motion of the cervical spine in flexion, extension, lateral irritation, and lateral bending. There increase in concordant pain with left lateral bending and right rotation. Physical examination of the lumbar spine reveals paraspinal tenderness over L5-S1 area bilaterally. ESI of the cervical region and L4-5 helped the patient significantly, as per progress report dated 09/24/14. The patient underwent left shoulder arthroscopy rotator cuff repair in 2008, as per progress report dated 08/11/14 and provided by [REDACTED]. The patient is allergic to NSAIDs. The current list of medications, as per progress report dated 09/24/14, includes Norco, Oxytocin, Oxycodone, Ibuprofen, and Lidoderm patch. Patient underwent urine drug analysis for opioid use on 03/19/14, 06/11/14, and 08/11/14, and the results were consistent with the declared medications. Diagnosis, 09/24/14: Cervical disc with radiculitis, Lumbar disc with radiculitis, Degeneration of lumbar disc, Degeneration of cervical disc, Neck pain. [REDACTED] is requesting for Norco 10/325 mg, 240 count. The utilization review determination being challenged is dated 10/07/14. The rationale was "no documented pain reduction and objective functional improvement with the use of Norco to warrant its continued use." Treatment reports were provided from 04/10/14 - 09/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 240 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88 and 89.

**Decision rationale:** the patient complains of neck pain that radiates to the left upper extremity and lower back pain that radiates to lower extremities rated at 9/10. The request is for NORCO 10/325 mg, 240 COUNT. The patient was prescribed Norco from April - May, as per progress reports ranging from 04/10/14 to 05/15/14. It was discontinued from June to August, as per progress reports ranging from 06/11/14 to 08/11/14. The patient was prescribed maximum dose of Norco, as per progress report dated 09/03/14. The latest request was made in progress report dated 09/24/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the four A's are not specifically addressed including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior. On the contrary, in the progress report dated 09/24/14, the treater states that the patient is "noting increased back pain" and is "not able to go to work," in spite of taking the recommended amount of Norco. The recommendation is for denial.