

<b>Case Number:</b>	CM14-0183417		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	07/30/1997
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/25/2014
<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 Emergency Medicine 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:

The injured worker is a 73-year-old male with a date of injury of 07/30/1997. The mechanism of injury was not stated. His diagnoses include spinal cord injury, myofascial pain, and Complex Regional Pain Syndrome (CRPS) status post decompression. His past treatments include surgery, therapy, medications, and injections. The past surgical history includes a cervical laminectomy in 2000 and a right knee replacement. On 11/17/2014, the injured worker presented for his monthly check up with his physician. He stated he had been seen by his spine surgeon and the surgeon thought he might have broken hardware. Upon physical examination, the clinical notes indicated he had straight leg raise at 70 degrees on the left, positive right at 85 degrees. His current medications included Norco, Celebrex, and tramadol. The treatment plan was to continue the medications. The request is for Norco 10/325 mg #96 and no rationale was provided. The Request for Authorization form dated 11/17/2014 was included within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #96:** Upheld

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

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

**Decision rationale:** The request for Norco 10/325 mg #96 is not medically necessary. The California MTUS Guidelines state that hydrocodone is indicated for moderate to moderately severe pain. Pain assessments need to be documented before and after taking the medication. The "4 A's" of ongoing monitoring are the most relevant when monitoring chronic pain for patients on opioids. The documentation needs to include the amount of pain relief obtained, how the patient was able to perform their activities of daily living, side effects with some medication and abnormal behavior relating to the drug. The prescription should come from a single practitioner and a single pharmacy. The dosing instructions should be included with the request. The most recent clinical note failed to document evidence of quantifiable pain relief and objective functional improvement with the patient's use of Norco. The clinical notes indicated this injured worker has been prescribed the Norco since 03/24/2014 without significant improvement. Therefore, it cannot be determined if the patient would benefit significantly from ongoing use of this medication. The medical records also failed to provide a recent urine drug screen to monitor for appropriate medication use. As submitted, the request failed to address the frequency of the medication. As such, the request for Norco 10/325 #96 is not medically necessary.