

<b>Case Number:</b>	CM14-0027471		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/23/2002
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Pain 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 patient is an 82 year old female who was injured on 8/23/2002, when she sustained a fall. Current diagnoses are abdominal hernia, shoulder and neck pain. Prior treatment history has included multiple lumbar revision surgeries, cervical fusion surgery, left shoulder arthroplasty surgery, hernia repair surgeries, and Norco. Prior utilization review determination dated 2/14/2014 reviewed requested services: purchase of Norco 325mg #180, outpatient follow up visit in 6-8 weeks, and referral for hernia consultation/surgery. The request for Norco was modified to non-certify purchase of Norco 10/325mg #60, and certify #120 to initiate weaning process or to allow the provider time to document derived functional benefit if any. Certified the requests for outpatient follow-up visit in 6-8 weeks and referral to [REDACTED] for hernia for consultation/surgery. According to the most current primary treating physician's progress report dated April 3, 2014, (which is essentially identical to prior reports), the patient presents for follow-up evaluation regarding chief complaint of abdominal pain and residual neck and low back pain. Pain level especially of the abdomen is much worse. She awaits referral to general surgeon for abdominal hernia and lumbar corset. Examination of the cervical spine documents spasm, healed scar, painful and decreased range of motion and tenderness over the cervicotracheal ridge. Examination the left shoulder documents painful range of motion, forward flexion to 80, abduction 60, healed incision, and tenderness over the acromioclavicular joint. Lumbar spine exam documents healed surgical incision, spasm, range of motion limited and painful. Positive left Lasegue, positive left SLR at 70 degrees, and tenderness over the facet joints and paraspinal musculature. Exam of abdomen reveals positive palpable abdominal hernia. Diagnosis: 1. Status post multiple revisions lumbar spine surgeries. 2. Status post cervical fusion. 3. Chronic abdominal wall defect, assumed to be abdominal wall. 4. Left shoulder total arthroplasty. 5. Chronic intractable neck pain, and low back pain. Treatment plan - 1. Refill

Norco 10/325 two tablets by mouth three times daily #180 as needed for moderate to moderately severe pain; 2. Return in 4 weeks; 3. Injection x 1 to neck, trapezial ridge, using 1 cc Celestone and 2 cc Marcaine 4%. Patient has worn out corset, does not fit and needs another one.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PURCHASE OF NORCO 10/325MG NUMBER SIXTY (#60): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Norco is indicated for moderate to moderately-severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "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 non-adherent) 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 medical records do not document pain and functional improvement with comparison to baseline. Per the guidelines, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The most recent medical records do not document the patient's pain level nor indicate the patient has obtained benefit with use of Norco. The medical records do not reflect the patient presents with an exacerbation. Chronic use of opioids is not generally supported by the medical literature. The medical necessity of Norco has not been established. Weaning of Norco is indicated. The request is not medically necessary and appropriate.