

<b>Case Number:</b>	CM14-0128176		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	12/05/2002
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	08/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Colorado

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

53 year old male with date of injury 12/5/2002 continues care with the treating physician. Primary diagnoses include lumbar radiculopathy, left shoulder pain, and left knee pain. Lumbar MRI confirms disc disease with nerve impingement evident at T11, L3, and L4. Patient uses home exercise program and has undergone lumbar epidural steroid injection. The records supplied indicate that patient is maintained on current medications regimen which includes Norco. The treating physician requests refill on Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG Quantity 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 79-80, 85, 88-89 AND 91.

**Decision rationale:** The Guidelines establish criteria for use of opioids, including long term use (6 months or more). When managing patients using long term opioids, the following should be

addressed: Re-assess the diagnosis and review previous treatments and whether or not they were helpful. When re-assessing, pain levels and improvement in function should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. Do not decrease dose if effective. Medication for breakthrough pain may be helpful in limiting overall medication. Follow up evaluations are recommended every 1-6 months. To summarize the above, the 4A's of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. 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. (Passik, 2000)

Several circumstances need to be considered when determining to discontinue opioids:

- 1) Verify patient has not had failure to improve because of inappropriate dosing or under-dosing of opioids
- 2) Consider possible reasons for immediate discontinuation including diversion, prescription forgery, illicit drug use, suicide attempt, arrest related to opioids, and aggressive or threatening behavior in clinic. Weaning from the medication over 30 day period, under direct medical supervision, is recommended unless a reason for immediate discontinuation exists. If a medication contract is in place, some physicians will allow one infraction without immediate discontinuation, but the contract and clinic policy should be reviewed with patient and consequences of further violations made clear to patient.
- 3) Consider discontinuation if there has been no improvement in overall function, or a decrease in function.
- 4) Patient has evidence of unacceptable side effects.
- 5) Patient's pain has resolved.
- 6) Patient exhibits "serious non-adherence." Per the Guidelines, Chelminski defines "serious substance misuse" or non-adherence as meeting any of the following criteria: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed. (Chelminski, 2005)
- 7) Patient requests discontinuing opioids.
- 8) Consider verifying that patient is in consultation with physician specializing in addiction to consider detoxification if patient continues to violate the medication contract or shows other signs of abuse / addiction.
- 9) Document the basis for decision to discontinue opioids. Likewise, when making the decision to continue opioids long term, consider the following: Has patient returned to work? Has patient had improved function and decreased pain with the opioids? Per the records supplied for review, the patient of concern has not exhibited improved pain control with his current regimen which includes Norco. Patient's pain levels through the records are consistently 7-8/10. Furthermore, the records do not indicate any objective, verifiable assessment of function / functional improvement, and there is no documentation of side effects or discussion of aberrant drug taking behaviors. Patient did have urine drug screens, 3 of which were not consistent with her prescriptions because no Hydrocodone was detected. As pain is not documented as well controlled, and functional assessment is not documented as improved, and as there is not adequate documentation / discussions of monitoring of opioid use, the request to continue Norco is not medically indicated.