

<b>Case Number:</b>	CM14-0189238		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old man who sustained a work related injury on December 16, 2009. Subsequently, he developed chronic low back and right shoulder pain. In a progress report dated September 8, 2014, the injured worker complained of pain in the right arm. He also had pain in the lower back that radiates in the pattern of bilateral L4 and L5 dermatomes. The injured worker rated his pain in the lower back as a 7-8/10, which had increased from the last visit; and an 8/10 in the right shoulder/arm, which had increased from the last visit. The injured worker stated that physical therapy helped to decrease his pain and tenderness. The injured worker stated that his gastrointestinal complaints have increased. Examination of the lumbar spine revealed a grade 2 tenderness to palpation over the paraspinal muscles, which has decreased from grade 3 on the last visit and 2 palpable spasms over the paraspinal muscles. There was restricted range of motion. Examination of the right shoulder revealed grade 2 tenderness to palpation, which has remained the same since last visit. There was restricted range of motion. Impingement and supraspinatus tests were positive. Examination of the right arm revealed grade 2 tenderness to palpation, which has remained the same since last visit. The injured worker was diagnosed with lumbosacral musculoligamentous strain/sprain, lumbosacral spine discogenic disease per magnetic resonance imaging (MRI) dated January 23, 2012, right shoulder strain/sprain, right shoulder tendinopathy per MRI dated March 15, 2011, right shoulder impingement syndrome per MRI dated March 15, 2011, right rotator cuff tear per MRI dated March 15, 2011, depression and anxiety, and gastritis. The provider requested authorization for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg, # 90 Every 6 hours as needed:** 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 use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; 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, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the injured worker file, the injured worker has been using this medication since at least November 2013 without any objective documentation of functional improvement. In addition, the injured worker has been complaining of increased gastrointestinal pain, which is one of the side effects of the medication. There is no documented updated and signed pain contract. Therefore, the prescription of Norco 7.5/325mg #90 is not medically necessary.