

<b>Case Number:</b>	CM14-0198562		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	12/23/1996
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, 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 63 year old 12/23/96 with an injury date on 12/23/96. The patient complains of cervical pain, lumbar pain, shoulder pain, upper arm pain, and left arm pain per 8/13/14 report. The patient is currently taking opioids and Lidoderm patches per 8/13/14 report. The neck symptoms are recurrent but have improved per 8/13/14 report. The patient had a radiofrequency rhizotomy on Left C4-C7 on 8/7/14. The 4/15/14 report states that the neck symptoms have worsened, and recommends a facet joint rhizotomy at C4, C5, C6, and C7. Based on the 8/13/14 progress report provided by the treating physician, the diagnoses are: 1. Cervical spondylosis without myelopathy 2. Disc disease, lumbosacral. Review of reports showed that no physical exam was done on reports dated 4/15/ to 11/5/14. The patient's treatment history includes medications, radiofrequency rhizotomy of left C4, C5, C6, and C7 on 8/7/14, and urine drug screen. The treating physician is requesting Norco 10/325mg #60. The utilization review determination being challenged is dated 10/28/14. The requesting physician provided treatment reports from 4/15/14 to 11/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** 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): 76-78, 88,89.

**Decision rationale:** This patient presents with neck pain, lower back pain, shoulder pain, upper arm pain, and left hand pain. The treating physician has asked for Norco 10/325mg #60 on 8/13/14. Patient has been taking Norco since 4/15/14 report, and is still taking Norco as of 8/13/14 report. For chronic opioids use, 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 treating physician does not indicate a decrease in pain with current medications which include Norco. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request IS NOT medically necessary.