

<b>Case Number:</b>	CM14-0203471		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	03/23/2000
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & 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 42 year old female injured worker suffered an industrial injury on 3/23/2000. The details of the injury were that of repetitive work of desk and typing activities with initially complaining of head and cervical neck pain that eventually progressed to the thoracic and lumbar spine. Currently the diagnoses included unspecified back pain, radiculopathy, fibromyalgia syndrome, and cephalgia. The provider's visits of 8/19/2014, 9/30/2014, 10/01/2014, and 11/07/2014 describe the injured workers complaints of neck pain that was slightly worse and back pain on a scale of 7/10. The exams revealed moderate cervical, thoracic and lumbar moderate myospasm with decreased range of motion. The treatments included medications and osteopathic manipulations. It was not clear how long the injured worker had been receiving Norco and an evaluation of efficacy from the medical records provided. The UR decision on 11/25/2014 non-certified Norco as there was no detailed and objective physical examination findings including comparative pain levels nor documentation of objective functional improvement with the use to this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors. 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." "Review of the available medical records reveals no documentation to support the medical necessity of Norco or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, urine drug screen (UDS), and opiate agreement) are necessary to assure safe usage and establish medical necessity. The only documentation noting UDS was a progress report dated 2/19/10 which indicated that UDS was inconsistent and negative for opiates. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.