

<b>Case Number:</b>	CM14-0207531		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 47 year old male with an injury date on 1/28/13. The patient complains of right elbow pain and neck pain ongoing since original injury per 10/14/14 report. The pain is located in the mid back per 9/10/14 report. The patient continues to be symptomatic according to 7/31/14 report. The right elbow pain is in the dorsal forearm and lateral epicondyle, with pain that "comes and goes" and aggravates by gripping/grasping per 3/12/14 report. Based on the 11/19/14 progress report provided by the treating physician, the diagnoses are: 1. thoracic s/s with compression fractures at T11-T12. 2. right elbow s/s with spur formation 3. complaint of neck pain A physical exam on 11/19/14 showed "right elbow range of motion is limited, with flexion decreased by 20 degrees and extension at 0 degrees." L-spine range of motion is normal per 5/5/14 report. The patient's treatment history includes medications, work modifications. The treating physician is requesting prospective request for 1 prescription of Norco 10/325mg #60. The utilization review determination being challenged is dated 11/29/14. The requesting physician provided treatment reports from 3/1/14 to 12/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Norco 10/325mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, and Weaning of Medications; and Hydroco.

**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, right elbow pain, back pain. The treater has asked for prospective request for 1 prescription of Norco 10/325mg #60 on 11/19/14. The patient has been taking Norco since May 2014 per 5/5/14 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 treater indicates a decrease in pain with current medications which include Norco, stating "medication helps with pain relief" per 10/14/14 report. 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 are not discussed. The patient has returned to work with modifications as of 3/28/14 but it has not been attributed to the use of the 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.