

<b>Case Number:</b>	CM14-0067203		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

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

This 63 year old male sustained a work related injury on 05/03/2007. According to records submitted for review, the utilization of Norco dated back to 10/30/2013. According to a progress report dated 01/22/2014, the injured worker continued with waxing and waning neck pain. The medications prescribed were noted to be enough to handle his pain. He was able to participate as much as he could with his activities of daily living and was also dealing with chemotherapy for prostatic cancer. Diagnoses were not listed. The provider noted that he dispensed enough medications to last three months. Prescriptions for Norco were given. A handwritten progress note dated 04/09/2014 was submitted for review, but was illegible. On 04/18/2014, Utilization Review non-certified Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78, 87-89.

**Decision rationale:** The patient presents on 04/09/14 with unrated neck pain which radiates into the right upper extremity. The cursive handwritten progress note is poorly scanned and almost entirely illegible. The patient's date of injury is 05/03/07. Patient has no documented surgical history directed at this complaint. The request is for NORCO. The RFA was not provided. Physical examination dated 04/09/14 does not include any legible physical findings. The only legible portion of the physical findings is "history of cervical foraminal stenosis." The patient's current medication regimen, aside from Norco, is not provided. Diagnostic imaging was not included. Patient is retired. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4A's (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 regard to the request of Norco for the management of this patient's intractable pain, the provider has not provided adequate documentation of pain reduction and functional improvement to continue its use. Progress notes provided indicate that this patient has been taking Norco since at least 10/30/13, though there is no documentation of pain relief or functional improvement specifically attributed to this medication in the reports provided. There are no consistent urine drug screens or discussion of a lack of aberrant behavior, either. In addition, the provider has not provided an amount to be dispensed. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.