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| <b>Case Number:</b>   | CM15-0012079 |                              |            |
| <b>Date Assigned:</b> | 01/29/2015   | <b>Date of Injury:</b>       | 09/05/2000 |
| <b>Decision Date:</b> | 04/08/2015   | <b>UR Denial Date:</b>       | 01/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/21/2015 |

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 54-year-old female, with a reported date of injury of 09/05/2000. The diagnoses include lumbar radiculopathy, lumbar disc disorder, lumbar facet syndrome, cervical spinal stenosis, cervical disc disorder, lumbar spine degenerative disc disease, cervical disc degeneration, cervical radiculopathy, and carpal tunnel syndrome. Treatments have included oral medications, an electrodiagnostic exam, lumbar medial branch block, a computerized tomography (CT) scan of the lumbar spine, and a CT scan of the cervical spine. The progress report dated 12/29/2014 indicates that the injured worker complained of low back pain. The pain level had increased since the last visit. The injured worker rated her pain 8 out of 10 without medication. She was taking her medications as prescribed, and stated that the medications were working well. It was noted that without her medications, the injured worker's quality of life had worsened. The physical examination showed an antalgic gait, use of a cane, restricted cervical range of motion, and tenderness at the paracervical muscles and trapezius. The treating physician requested Norco 10/325mg #90, three times a day, with one refill. The rationale for the request was not indicated. On 01/15/2015, Utilization Review (UR) modified the request for Norco 10/325mg #90, three times a day, with one refill. The UR physician noted that there was no supporting evidence of objective functional gains, no documentation of a current urine drug screen, attempt at weaning/tapering, or an updated and signed pain contract. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 tab take 3 x day #90 refill 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- pain, opioids.

**Decision rationale:** ODG guidelines support opioids with: 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 nonadherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported.