

<b>Case Number:</b>	CM15-0131795		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/29/2007
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 (IW) is a 59-year-old female who sustained an industrial injury on 09/29/2007. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having brachial neuritis or radiculitis not otherwise specified. Treatment to date has included diagnostic testing, medications and pain management by a pain specialist. Currently, the injured worker complains of constant neck pain with radiations down the bilateral upper extremities. The pain is frequently accompanied by numbness and tingling in the bilateral extremities to the fingers. The neck pain is associated with occipital headaches. The pain is burning and moderate in its severity. Activity and walking aggravate the pain. She also complains of constant low back pain that radiates down the bilateral lower extremities and is accompanied by numbness and tingling to the level of the toes. This pain is burning and moderate to severe intensity. Activity, bending, prolonged sitting, standing, turning, twisting and walking aggravate the pain. The worker reports moderate difficulty sleeping. Upper extremity pain is bilaterally in the shoulders. Lower extremity pain is bilaterally in the knees. She has insomnia associated with depression and ongoing pain. The insomnia is stable with medications. Her pain is rated as 9 on a scale of 1-10 on average with medications since last visit, and rated as 9 on a scale of 1-10 on average without medications since last visit. She reports her pain as worsened since last visit. She reports frequent medication associated gastrointestinal upset and severe constipation. Her activities of daily living and self-care are severely interfered with by the pain and she feels she is unable to carry on any activities. There were no significant changes in her system review. The IW reports that the use of her medications is helpful and home exercise are helpful and reports a moderate improvement in her ability to do hobbies, dress, read, sleep and walk in the neighborhood. She relates that her continued

utilization of topical analgesia allows her to reduce her oral analgesics. She complains of constipation not controlled by Miralax, she has failed dietary aides and requests an alternative stool softener. On exam, she had spinal vertebral tenderness in C5-C7 with tenderness also noted upon palpation of the left trapezius. Cervical spine range of motion was moderately limited due to pain. The lumbar spine had tenderness to palpation in L4-S1. The range of motion was moderately limited secondary to pain. Her current medications include Pantoprazole, Norco, Lyrica, and Senna. A request for authorization was made for the following: 1. Colace 10mg 2 tabs #120. 2. Pantoprazole 20mg, twice a day, #60. 3. Norco 5/325mg, twice a day, #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg, twice a day, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use; Opioids, criteria for use, Therapeutic Trial of Opioids; Weaning of Medications Page(s): 77, 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 5/325mg #60 is not medically necessary.