

<b>Case Number:</b>	CM15-0147127		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/23/1998
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 11-23-1998. The mechanism of injury is not indicated. The injured worker was diagnosed as having chronic pain. Treatment to date has included medications, and lesion removal. The request is for Norco. There are several pages of the medical records with handwritten information which is difficult to decipher. On 1-30-2015, she reported left shoulder pain during blood pressure reading. On 3-13-2015, she was given a refill on Norco. No subjective or objective information is documented. On 4-8-2015, she was given a refill for 3 months of Norco. No subjective or objective information is documented. On 7-7-2015, she was seen for chronic pain management for leg pain and pain to the feet. She rated her pain 6 out of 10 that is down to 3-4 out of 10 with medications. The treatment plan included: refilling Norco, prescription for Naprosyn, and restarting Neurontin. On 7-15-2015, she was seen for removal of a left wrist lesion. She was given refills on: Norco, Naprosyn and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents on 07/07/15 for leg pain, which radiates into the feet, rated 6/10. The patient's date of injury is 11/23/98. Patient is status post removal of an unspecified lesion in the upper extremity. The request is for Norco 10/325mg Quantity 60. The RFA was not provided. Progress note dated 07/07/15 does not include any physical examination findings, only a review of symptoms, vital signs, and a discussion of medications. The patient is currently prescribed Norco, Naprosyn, and Neurontin. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines Criteria for Use of Opioids pages 88 and 89 under 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 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 regard to the continuation of Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Addressing medication efficacy, progress note dated 07/07/15 has the following: "6/10, 3-4/10 with meds." Such vague documentation does not satisfy MTUS guidelines, which require documentation via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does not provide any activity-specific functional improvements, note prior consistency with medications, and does not note a lack of aberrant behaviors. Without such documentation, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.