

<b>Case Number:</b>	CM15-0162275		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 52-year-old male, with a reported date of injury of 08-24-2012. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include neck pain, unspecified head injury, thoracic and lumbosacral neuritis, skin sensation disturbance, lumbar disc degeneration, cervical disc degeneration, and chronic pain due to trauma. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have not been included. The medical report dated 07-13-2015 indicates that the injured worker had neck and low back pain. There was no change in the symptoms. It was noted that the injured worker took Norco 10-325mg, ½-1 tablet by mouth every four hours around the clock as needed. The objective findings include tenderness to palpation of the midline lumbar lower segments; and symmetrical and unremarkable deep tendon reflexes, and straight leg raise tests. The treatment plan and injured worker's status was not indicated. The medical report dated 06-01- 2015 indicates that the injured worker's feet still had numbness and tingling. The severity of the injured worker's pain was rated 7-8 out of 10. The objective findings included good neck range of motion with pain with hyperextension, mild tenderness to palpation over the right midline upper thoracic area, tenderness to palpation over the lower area across the lumbar spine. The treating physician prescribed Norco 10-325mg, ½ to 1 tablet every 4 hours as needed for acute pain (six weeks' worth). The treating physician requested Norco 10-325mg #200.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The 52 year old patient complains of low back pain and neck pain, as per progress report dated 07/13/15. The request is for NORCO 10/325mg #200. The TFA for this case is dated 06/01/15, and the patient's date of injury is 08/24/12. Diagnoses included cervicgia, unspecified head injury, thoracic/lumbosacral neuritis, lumbar disc degeneration, cervical disc degeneration, disturbed skin sensation, and chronic pain syndrome. Medications included Norco, Nortriptyline, Gabapentin, Lisinopril, and Omeprazole. The pain is rated at 7-8/10, as per progress 06/01/15. The patient is unable to work indefinitely, as per progress report dated 03/25/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 01/06/15. The patient appears to be taking the medication consistently since then. It is not clear when the opioid was initiated. As per progress report dated 04/20/15, Norco helps reduce pain from 9/10 to 7/10. The patient is able to perform ADLs with the medication and is sedentary without it. The treater also states "functional improvement is noted in the record in regards to the patient's current prescribed medication regimen." The treater also states that the patient's UDS is being documented. The patient has signed an opioid agreement and the most recent CURES report is consistent. In progress report dated 02/06/15, the treater states "Norco helps pain relief enough so that patient can get up out of bed and get around, do ADLs and housework." MTUS, however, requires documentation of objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common

example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.