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| <b>Case Number:</b>   | CM15-0169049 |                              |            |
| <b>Date Assigned:</b> | 09/10/2015   | <b>Date of Injury:</b>       | 03/25/2008 |
| <b>Decision Date:</b> | 10/15/2015   | <b>UR Denial Date:</b>       | 08/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/28/2015 |

### 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 53 year old female injured worker suffered an industrial injury on 3-25-2008. The diagnoses included chronic pain, lumbar radiculopathy and depression. On 7-13-2015 the treating provider reported the neck pain radiated down bilateral upper extremities. The lower back pain radiated down the bilateral lower extremities and the upper extremity pain is in both hands. The lower extremity pain is in both feet. There were ongoing headaches. The pain was rated 6 out of 10 with medications and 10 out of 10 without medications. The use of Methadone and Norco was helpful took about 1 hour before relief lasting 4 to 5 hours. She reported improvement with medications included bathing, brushing teeth, concentrating, dressing, mood and sleeping. On exam the lumbar spine had spasms and tenderness with limited range of motion along with positive straight leg raise. There was tenderness noted on the left foot. There was urine drug screen on 7-13-2015 and consistent CURES report along with a risk assessment for aberrant drug behavior. Prior treatments included medications. The diagnostics included lumbar magnetic resonance imaging 2012 and lumbar x-rays. The injured worker had not returned to work. The Utilization Review on 8-14-2015 for the treatment Norco 10/325mg #130 determined it was modified to #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #130:** Overturned

**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 patient presents with pain in the neck radiating down bilateral upper extremities, low back radiating down the bilateral lower extremities, bilateral hands, bilateral feet, and ongoing headaches rated 6/10 with and 10/10 without medications. The request is for NORCO 10/325MG #130. The request for authorization is dated 08/06/15. Physical examination of the lumbar reveals there is spasm; tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels, the range of motion was moderately limited secondary to pain; straight leg raise was positive bilaterally. Exam of lower extremity reveals tenderness on palpation at the left foot. Patient is now authorized for an EKG. Areas of functional improvement include bathing, brushing teeth, concentrating, dressing, mood and sleeping. Patient is encouraged to walk regularly despite pain. Patient's medications include Methadone and Norco. Per progress report dated 07/13/15, the patient is not working. 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." Per progress report dated 07/13/15, treater's reason for the request is "as needed for pain." Patient has been prescribed Norco since at least 03/23/15. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. There is documentation regarding adverse effects and aberrant drug behavior. UDS dated 07/13/15, CURES reviewed on 05/18/15, and pain contract on file. The treater has adequately discussed and documented the 4A's as required by MTUS therefore, the request is medically necessary.