

<b>Case Number:</b>	CM15-0184436		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/11/1991
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 67 year old male who sustained an industrial injury on April 11, 1991. A recent pain management follow up dated August 11, 2015 reported chief subjective complaint of "neck pain." He has a history of cervical radiculopathy, cervicgia, and failed back syndrome. He has been taking Norco and Avinza for his pain. "According to the patient, the present medication regimen is working very well for him he is able to participate in homemaking chores, exercise, walking, shopping, and hobbies." He states "these medications keep him going." Objective assessment noted his mood is fair and some anxiety, but denies suicidal ideation. "The patient does not look overmedicated in any shape or form." The impression noted: failed neck syndrome; cervicgia; cervical spondylolisthesis by history; Opioid dependence, and chronic pain syndrome. He was prescribed two prescriptions for the following this visit: Avinza, and Norco 10mg 325mg one to two tablets every 8 hours as needed for break though pain and Norco 10mg 325mg one or two tablets every 8 hours as needed #90 additional tabs. Of note, "the patient was using up to 240 tablets a month." "I decreased that to 180 tablets a month." The daily limit of Norco noted down to 6 from 8 tablets daily total. On August 11, 2015 the above aforementioned request for Norco 10mg 325mg #90 times two was non-certified due to documentation provided did not show proper evidence of initial and or ongoing pain assessment, improved function and or decreased pain which is a requirement. In addition, the guidelines do not recommend Opiate long term use: should be discontinued if no improvement in function or pain symptom. The request is not medically necessary. Utilization Review decision August 19, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90:** 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 patient presents with back and neck pain. The request is for NORCO 10/325MG, #90. The request for authorization is dated 08/12/15. Physical examination of the cervical spine reveals good neck range of motion in all planes and a well-healed scar from previous neck surgery. Exam of the lumbar spine reveals range of motion is limited because of stiffness in his back in all planes with back pain. According to the patient, the present medication regimen is working well for him, and also he is able to participate in homemaking chores, exercise, walking, shopping, and hobbies. Patient is encouraged to do the core strengthening exercises. He is encouraged to continue working on eliminating problems that triggers pain. Patient's medications include Avinza and Norco. The patient's work status is not provided. 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 08/11/15, treater's reason for the request is "for breakthrough pain." Patient has been prescribed Norco since at least 05/22/14. 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. However, analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS dated 06/01/15 is provided for review. In this case, treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.

**Norco 10/325mg, #90:** 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 patient presents with back and neck pain. The request is for NORCO 10/325MG, #90. The request for authorization is dated 08/12/15. Physical examination of the cervical spine reveals good neck range of motion in all planes and a well-healed scar from previous neck surgery. Exam of the lumbar spine reveals range of motion is limited because of stiffness in his back in all planes with back pain. According to the patient, the present medication regimen is working well for him, and also he is able to participate in homemaking chores, exercise, walking, shopping, and hobbies. Patient is encouraged to do the core strengthening exercises. He is encouraged to continue working on eliminating problems that triggers pain. Patient's medications include Avinza and Norco. The patient's work status is not provided. 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 08/11/15, treater's reason for the request is "another 90 tablets." Patient has been prescribed Norco since at least 05/22/14. 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. However, analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS dated 06/01/15 is provided for review. In this case, treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.