

<b>Case Number:</b>	CM15-0192880		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	02/19/1998
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 64 year old male who sustained an industrial injury on 02-19-1998. According to the most recent progress report submitted for review and dated 07-07-2015, the injured worker was seen in follow up for his chronic neck pain. He felt that his pain was stable. He continued to be very active playing his guitar through his church. He reported that he had been more active lately and that Norco allowed him to remain functional in tasks such as mowing the lawn, playing the guitar at church and doing household activities. The injured worker had tried to taper Norco in the past but had significant reduction in his activity secondary to the reduction. He was unable to mow the lawn and be active without Norco. Pain was rated 4 on a scale of 1-10 with medications and 8 without medications. With medications he could mow the lawn 45 minutes, walk 30 minutes and sit for 30 minutes. Without medications he could mow the lawn for 5 minutes, walk for 5 minutes and sit for 5 minutes. The injured worker was retired and disabled. Examination of the cervical spine demonstrated positive Spurling's sign bilaterally, reduced sensation in the bilateral C6 dermatome, tenderness over the cervical paraspinal muscles and reduced cervical spine range of motion. Current medications included Prevacid, Norco, Skelaxin, Flonase, multivitamin and Vitamin D. Impression included other and unspecified hyperlipidemia, cervicalgia, cervical spondylosis, cervical degenerative disc disease and myalgia. The provider noted that the injured worker was compliant with the opioid agreement and that urine toxicology was consistent with prescriptions. CURES were consistent and there was no aberrant behavior according to the provider. The treatment plan included Norco 10-325

mg 1 every 4 hours as needed #110. On 09-06-2015, Utilization Review modified the request for Norco 10-325 mg #70 with two refills.

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

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

**Norco 10/325mg #70 with two refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

**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 was injured on 02/19/98 and presents with neck pain. The request is for Norco 10/325mg #70 with two refills. The utilization review denial rationale is that "there are no improvements in the patient's subjective and objective findings." There is no RFA provided and the patient is retired. The patient has been taking this medication as early as 01/21/15 and treatment reports are provided from 01/21/15 to 07/07/15. 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/24 hrs." The 07/07/15 report states that the patient "denies any side effects with medications or new neurologic changes. The patient continues to be very active playing his guitar through his church. He also plays at care homes as well. The patient reports that he has had been more active lately, working on one of his rentals. He reports that his norco allows him to remain active. We have tried to taper the patient's norco in the past. He had a significant reduction in his activity secondary to the reduction of norco. The patient states that he is unable to mow the lawn and be active without norco." He rated his pain as a 4/10 with medications and an 8/10 without medications. The patient has a CURES report on file dated 05/11/15. The patient also had a urine drug screen on 05/12/15 and was consistent with his prescribed medications. In this case, all of the 4 As are addressed as required by MTUS Guidelines. The treating physician does provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS medically necessary.