

<b>Case Number:</b>	CM15-0197456		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42-year-old female who sustained a work-related injury on 8-7-13. Medical record documentation on 9-18-15 revealed the injured worker was being treated for elbow pain and knee pain. She reported pain in the left shoulder, left elbow, left knee pain. Her pain level had increased since her previous visit. She rated her pain a 3 on a 10-point scale (4 on 8-21-15) with medications and a 7 on a 10-point scale (7 on 8-21-15) without medications. She noted that her shoulder had increased in pain and her quality of sleep was poor. Her medication regimen included Norco 10-325 mg as needed three times per day for pain. The documentation revealed the injured worker was using Norco and Morphine for at least 20 years for migraines (7-21-15). Objective findings included tenderness to palpation over the subacromial bursa. A Hawkin's test was positive. Yergason's test, Drop Arm test, Crossed Arm Adduction Test and Lift Off test were negative bilaterally. She had bulk and tone in all major muscle groups of the upper and lower extremities. She had no weakness or atrophy. Her motor strength was 5-5 in the bilateral shoulder flexion and abduction, bilateral elbow flexion and extension and bilateral wrist flexion and extension, bilateral grip strength, bilateral hip flexion, bilateral knee extension, bilateral ankle dorsiflexion and bilateral toe extension. Her sensory was grossly intact to light touch and pinprick throughout the upper and lower extremities. Previous treatment included physical therapy from 2014 through 2015, which provided her with moderate pain relief. She had chiropractic therapy and psychotherapy, which provided excellent pain relief. Biofeedback therapy provided her moderate to excellent pain relief and previous acupuncture therapy caused a "bad reaction." She performed home exercise program, which provided mild pain relief, and

trigger point injections provided excellent pain relief. She had left shoulder surgery in 2015, which provided her with moderate pain relief. A request for Norco 10-325 mg #90 was received on 9-18-15. On 9-24-15, the Utilization Review physician determined Norco 10-325 mg #90 was not medically necessary.

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

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

**Norco 10/325 mg #90: Upheld**

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of norco nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted per progress report dated 9/18/15 that the injured worker rated her pain 3/10 with medications and 7/10 without medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 9/19/15 was consistent with prescribed medications. CURES report dated 9/18/15 was appropriate. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity is not medically necessary.