

<b>Case Number:</b>	CM15-0198298		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	09/05/2009
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 64 year old male with a date of injury of September 5, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for post-concussion syndrome, bilateral shoulder strain, bilateral elbow and wrist strain with paresthesia of the hands, left cubital tunnel syndrome, lumbar strain, lumbar radiculopathy, cervical strain, bilateral carpal tunnel syndrome, and secondary insomnia. Medical records dated August 12, 2015 indicate that the injured worker complained of daily headaches, photophobia, dizziness, numbness of the left cheek and upper lip area, bilateral shoulder pain, bilateral elbow and forearm pain, wrist pain and numbness of the fourth and fifth digits bilaterally, lower back pain radiating to the left groin and left medial leg, weakness of the left leg, and neck pain with radiation to the vertex and scapular area. A progress note dated September 9, 2015 documented complaints similar to those reported on August 12, 2015. The physical exam dated August 12, 2015 reveals use of a lumbar brace, slight to moderate muscle spasm with palpation of the paralumbar muscles, decreased range of motion of the lumbar spine, positive straight leg raise test on the left, decreased range of motion of the bilateral shoulders, positive carpal tunnel compression bilaterally, tenderness to palpation of the medial epicondyle with positive Tinel's test on the left, tenderness to palpation of the paracervical muscles with spasm, decreased range of motion of the cervical spine, and a slightly antalgic gait. The progress note dated September 9, 2015 documented a physical examination that showed no changes since the examination performed on August 12, 2015. Treatment has included right shoulder surgery (2012), left shoulder surgery (2014), and medications (Norco 10-325mg every six hours as needed, Flector patches 1.3% twice a day, and Diclofenac 100mg twice a day since at least March of 2015). The original utilization review (September 23, 2105) non-certified a request for Norco 10-325mg #120 with three refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 (1 tab PO Q 6hr 30 day supply Refill: 3): 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 non-adherent) 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 no documentation to support the medical necessity of Norco nor any 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 pain relief, 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. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS noted was 5/19/14, which was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the request for 4-month supply is not appropriate, as it does not allow for timely reassessment of efficacy.