

<b>Case Number:</b>	CM15-0199140		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	05/15/2008
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 was a 61 year old female, who sustained an industrial injury on May 15, 2008. The injured worker was undergoing treatment for cervicothoracic strain, arthrosis with C4-C5 and C5-C6 disc herniation, right carpal tunnel syndrome, right cubital tunnel; syndrome and left wrist volar ganglion cyst, lumbosacral strain, arthrosis, discopathy at L4-L5 and L5-S1 and psychiatric diagnoses. According to progress note of September 15, 2015, the injured worker's chief complaint was increased pain going down the arm. The injured worker reported the pain was more often and greater in strength coming down from the neck into the right arm. The injured worker had low back and left wrist pain. There was radiation of pain in to the right arm. The objective findings were the injured worker had positive Spurling's and foraminal compression testing on the right. On the left, they were negative. The injured worker had both thenar and intrinsic weakness on the right side. The injured worker previously received the following treatments cervical epidural injection of C4-C6 which had temporarily helped in the past, psychological services, Naproxen, Omeprazole and Norco 10-325mg one tablet every 12 hours as needed for pain, since June 4, 2015. The RFA (request for authorization) dated September 15, 2015; the following treatments were requested for a prescription for Norco 10-325mg #60, which was modified to #20 tablets. The UR (utilization review board) denied certification on September 25, 2015; for a prescription for Norco 10-325mg #60, which was modified to #20 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg tablet #60:** 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): Opioids, specific drug list, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/15/15. Therefore, the prescription is not medically necessary and the determination is for non-certification.