

<b>Case Number:</b>	CM15-0200215		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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:

The injured worker is a 58 year old female who sustained an industrial injury on 11-1-07. A review of the medical records indicates she is undergoing treatment for degeneration of cervical disc, ulnar nerve lesion, lateral epicondylitis, radial styloid tenosynovitis, and headache. The medical records (9-10-15) indicate chronic neck pain and cervicogenic headaches due to cervical disc degeneration. She also reports bilateral upper extremity pain. The injured worker reports pain and stiffness of the neck and upper trapezius muscles. The treating provider indicates that she "has pain radiating along the medial aspect of bilateral scapulas". Her pain increases with turning her neck, particularly with driving. She has increased pain with sitting, and repetitive use of the upper extremities. Her pain decreases with rest, position changes, and medication. The treating provider indicates that she takes Norco 10-325 "to 6 times daily" for pain, which reduces her pain "by 80%". The records state that she "was recently able to wash a large window in her living room, as well as performing housework, and laundry without the medication". The physical exam reveals "normal" muscle tone without atrophy in bilateral upper and lower extremities. Motor strength is "5 out of 5" in all upper and lower exams. Tenderness to palpation is noted at the cervical paraspinal musculature. Spasm and hypertonicity are noted in the cervical paraspinal and upper trapezius muscles. Cervical range of motion is limited by pain. The treating provider indicates that she has "increased pain in her neck with radiation of pain, numbness, and tingling into her upper extremities". Diagnostic studies have included x- rays of the cervical spine, an MRI of the cervical spine x 2, and an MRI of the right shoulder. Treatment has included radiofrequency ablation, use of a neck brace (privately purchased),

cervical epidural steroid injection, and medications. Her medications include Hydrocodone-APAP, Gabapentin, Flexeril, Pennsaid, Glipizide, Metformin, Clonazepam, Trazodone, and insulin. She has been receiving Hydrocodone-APAP since, at least, 3-20-15. The utilization review (9-17-15) includes a request for authorization of Hydrocodone-APAP 10-325 # 180. The request was denied.

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

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

**Hydrocodone/APAP 10/325mg #180:** 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 ongoing 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 or 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. UDS report dated 8/25/15 was consistent with prescribed medications. It was noted that CURES report is consistent with her only receiving pain medication from the provider's office. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request cannot be affirmed and is not medically necessary.