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| <b>Case Number:</b>   | CM15-0023296 |                              |            |
| <b>Date Assigned:</b> | 02/12/2015   | <b>Date of Injury:</b>       | 07/09/2013 |
| <b>Decision Date:</b> | 04/06/2015   | <b>UR Denial Date:</b>       | 01/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2015 |

### 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 56 year old female injured worker suffered and industrial injury on 7/9/2013. The diagnoses were chronic cervical strain, chronic lumbar strain, bilateral arm pain and lumbar disc bulge. The diagnostic studies were electromyography, and lumbar spine magnetic resonance imaging. The treatments were medications. The treating provider reported the neck pain and lower back pain rated 6 to 9/10. There was radiation of pain from the lumbar spine into the left leg with numbness and tingling. On exam there was restricted range of motion of the cervical and lumbar spine and tenderness of the muscles. There was positive leg raise. The Utilization Review Determination on 1/8/2015 non-certified Norco 10/325mg #90, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** This patient presents with neck and low back pain radiating to the left leg with numbness and tingling. The treater is requesting NORCO 10/325 MG #90. The RFA dated 12/24/2014 shows a request for Norco hydrocodone 10/325 mg #90, sig: 1 tab by mouth every 6 to 8 hours for pain. The patient's date of injury is from 07/09/2013, and she is currently on modified duty. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Norco on 06/20/2014. The 12/15/2014 report notes that the patient's pain level is at 9/10 without Norco use and 4/10 with Norco use. She also states that the pain is made better with rest and medication. No signs of abuse or side effects were noted. The urine drug screen from 06/20/2014 shows inconsistent results to prescribed medications. In this case, while the patient reports analgesia while utilizing Norco, there are no specific ADLs discussed. The recent urine drug screen showed inconsistent results to prescribed medications. In this case, the patient does not meet the criteria set forth by the MTUS Guidelines for continued use of this opioid. The request IS NOT medically necessary.