

<b>Case Number:</b>	CM15-0029717		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/14/1999
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 injured worker is a 45 year old female, who sustained an industrial injury on October 14, 1999. She has reported neck, back, upper back and right wrist pain. Her diagnoses include lumbar region sprain/strain, cervicobrachial syndrome, pain in joint hand, and neck sprain/strain. She has been treated with chiropractic care, physical therapy, ergonomic workstation evaluation, MRI, electrodiagnostic studies, functional restoration program (FRP), and pain medications. The records show urine drug screening was performed on August 19, 2014. There is no Controlled Substance Utilization Review and Evaluation System (CURES) report and a signed pain contract in the provided medical records. On January 15, 2015, her treating physician reports pain in bilateral hands, wrists, left elbow, left shoulder, and neck. She has lower back pain with radiation down the left anterior thigh and into the knee. Current medications include an analgesic and an anticonvulsant. She is able to continue working with the use of her analgesic medication. The physical exam revealed mildly decreased muscle strength of the bilateral forearms, wrists and thumbs. The treatment plan includes continuing her current pain medication. On January 15, 2015, Utilization Review modified a retrospective prescription for Norco 10/325mg QTY: 90, noting the guidelines state that opioids must be prescribed in the lowest dose possible, and if there are any excess tablets left per month the prescription would exceed the necessary amount. The amount of Norco requested would possibly allow for excess medication being prescribed. In addition, there was a lack of documentation of random urine drug screening or Controlled Substance Utilization Review and Evaluation System (CURES) report, and no evidence of a

signed pain contract. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

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

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

**Retrospective (Date of service of 12/09/14) request for Norco 10/325mg QTY: 90.00:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids Page(s): 78-81; 124. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, 5th Edition Pain (Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 12/09/2014 report, this patient presents with neck, back, upper back and right wrist pain. The current request is for retrospective (date of service of 12/09/14) request for Norco 10/325mg QTY: 90. This medication was first mentioned in the 10/14/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 11/12/2014. The patient's work status is permanent and stationary. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The medical reports provided for review indicate the patient pain is 10+/10. The patient "states that the Norco also helps her to do other activities of daily living and household chores such as laundry, cooking, cleaning, and washing dishes. She also can tolerate grocery shopping and walking for longer periods of time." In this case, chronic use of opiates does not appear to be doing much. There is no analgesia with the patient's pain still at 10+/10. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. Only ADL's are mentioned as above. The treating physician has failed to clearly document analgesia, ADL's, adverse effects and adverse behavior as required by MTUS. The request IS NOT medically necessary.