

<b>Case Number:</b>	CM15-0210649		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	03/11/2004
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 48 year old male, who sustained an industrial injury on 03-11-2004. A review of the medical records indicates that the worker is undergoing treatment for status post bilateral shoulder surgery, neck pain possibly discogenic or facet mediated, status post cervical fusion of C6-C7, radicular pain down the bilateral extremities, left foraminal protrusion at L4-L5 and L5-S1 and increased cervical spinal pain status post lumbar hardware removal. Subjective complaints (07-06-2015, 08-04-2015 and 09-30-2015) included low back pain rated as 5-9 out of 10 and left knee pain rated as 5-7 out of 10. The physician noted that the worker reported substantial benefit of 90% pain reduction from medications with no evidence of aberrant behavior. Objective findings (09-30-2015) included clicking and lateral pain with McMurray's exam of the left knee, lateral, collateral ligament laxity of the left knee, pain to palpation of the C3-C6 facet capsules, positive Spurling's test and maximal foraminal compression test, pain to palpation over the L4-S1 facet capsules and pain with rotational extension, positive straight leg raise on the left and right at 30 degrees. The physician noted that the worker had substantial myofascial pain and functional limitations with decreased range of motion, triggering point tenderness and banding. Treatment has included Cyclobenzaprine-Lidocaine-Liposome cream, Duragesic patch, Norco (since at least 05-07-2015), Hydrocort cream, Topamax, Wellbutrin, Lyrica, Ketoprofen-Menthol-Capsaicin-Liposome cream, physical therapy and multiple surgeries. A request for Norco refill was submitted. A utilization review dated 10-08-2015 non-certified a request for Norco 10-325 mg #240.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 240:** 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 nonadherent) 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. UDS dated 10/19/15 was positive for nordiazepam, temazepam, oxazepam, and hydrocodone which were noted to be inconsistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.