

<b>Case Number:</b>	CM15-0033343		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 64 year old female, who sustained an industrial injury on June 3, 2009. She has reported pain in the neck and into the right shoulder arms and elbows. The diagnoses have included status post cervical fusion, status post right hand surgery, vertigo, cervicgia, cervical radiculopathy, cervical disc protrusion, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, anxiety, depression, headaches, cervicogenic disc disease, shoulder pain with impingement, occipital neuralgia and insomnia. Treatment to date has included radiographic imaging, diagnostic studies, steroid injections, conservative therapies and work restrictions. Currently, the IW complains of pain in the neck and into the right shoulder arms and elbows. The injured worker reported an industrial injury in 2009, resulting in the above described pain. She was treated conservatively without resolution of the pain. It was noted she tripped on a phone cord and fell forward hitting her head and arms. She developed dizziness and was noted to have "some sort of bleed" however was discharged after one day of observation. She was treated conservatively and surgically for the pain without resolution of the symptoms. Evaluation on September 25, 2014, revealed continued pain. She reported continued dizziness, depression, sexual dysfunction, loss of balance, scarring, sleep disturbances and headaches. Evaluation on October 15, 2014, revealed continued pain. She reported not wanting to take too much pain medication. Evaluation on January 19, 2015, revealed continued pain. Medications were requested. On February 5, 2015, Utilization Review non-certified a request for Norco 10/325 mg

#45, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 19, 2015, the injured worker submitted an application for IMR for review of requested Norco 10/325 mg #45.

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

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

**Norco 10/325 mg #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem Guidelines/ODG section, chronic pain, Opioids/medication.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #45 is not medically necessary.