

<b>Case Number:</b>	CM15-0049218		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 (IW) is a 47 year old male who sustained an industrial injury 11/20/2013. He reported back pain. The injured worker was diagnosed as having sprain of lumbosacral joint and thoracic spinal injury. Treatment to date has included diagnostic MRI, physical therapy; therapeutic chiropractic and physiotherapy to the cervical, thoracic and lumbar spine; bilateral facet joint injections T5-T8; non-steroidal anti-inflammatories; topical creams; and oral pain medications, and a pain management consultation. Currently, the injured worker complains of an increase in spasms and back pain in the lower back. On the 11/03/2014 exam he said the Lyrica 75 mg twice daily had given no notable relief. Naproxen gives about 30-40 % relief but causes gastritis and he has not been taking it. Chiropractic is giving some relief, but other medications have not been helpful. The worker states he gets good relief with Norco. The plan of care includes Norco for pain relief, and a request for authorization was placed for Norco 10/325 mg Qty 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74. Decision based on Non-MTUS Citation California Controlled Substance Utilization Review and Evaluation System (CURES), Opioids.

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

**Decision rationale:** The patient was injured on 11/20/2013 and presents with shoulder pain, mid-back pain, and low back pain. The request is for NORCO 10/325 mg #90. The RFA is dated 12/01/2014, and the patient is on modified work duty. The patient has been taking Norco as early as 12/01/2014. MTUS Chronic Pain Medical Treatment Guidelines, pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, page 78, criteria for use of opiates, on-going management, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work, and duration of pain relief. MTUS page 98 also continues to state that the maximum dose for hydrocodone is 60 mg per day. The 12/01/2014 report indicates that the patient rates his neck pain as a 4/10 to 6/10, his mid-back pain as a 4/10 to 5/10, and his lower back pain as a 4/10 to 5/10. The 12/29/2014 report states that the patient rates his neck pain as a 2/10 to 3/10, his mid-back pain as a 4/10 to 5/10, and his low back pain as a 4/10 to 5/10. "His medication helps to reduce his pain about 60-70%, and he is able to interact with his 9-year-old child." The 01/26/2015 report states that the patient rates his neck pain as a 3/10, his mid-back pain as a 7/10, and his low back pain as a 6/10. "His medication helps to reduce his pain about 50-75%." Not all 4 A's are addressed as required by MTUS Guidelines. In this case, the treater discusses pain scales; however, there are no before and after-medication pain scales provided. There are no examples of specific ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS guidelines. There is a urine drug screen provided from 12/01/2014, which showed that the patient is inconsistent with his medications. The treating physician does not provide proper documentation that is required by MTUS guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.