

<b>Case Number:</b>	CM15-0050513		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	04/14/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 61 year old male, who sustained an industrial injury on 4/14/2003. He reported injuries to his neck, low back, bilateral shoulder, bilateral wrist and bilateral hands from a fall. The injured worker was diagnosed as having lumbar surgery 2010, bilateral shoulder surgery and bilateral carpal tunnel release. There is no record of a recent diagnostic study. Treatment to date has included surgery, therapy and medication management. Currently, the injured worker complains of chronic pain in the neck and low back. In a progress note dated 2/19/2015, the treating physician is requesting Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient was injured on 04/14/2003 and presents with chronic pain in the neck and low back. The request is for Norco 10/325 mg #90. The RFA is dated 02/19/2015 and the patient is to remain off of work for 6 weeks, as of the 12/30/2014. The patient has been taking Norco as early as 02/06/2014. MTUS Chronic Pain Medical Treatment Guidelines, page 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, ongoing management also requires documentation of the 4 A's (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. On 06/26/2014, 11/20/14, 12/18/14, AND 02/19/15, the patient rated his pain as an 8/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there are pain scales provided, there are no pain scales regarding specific before- and-after medication usage to document analgesia. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcomes measures are provided either as required by MTUS Guidelines. The patient had a urine drug screen on 03/27/2014 which indicated that he was consistent with his prescribed medications. In this case, 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.