

<b>Case Number:</b>	CM15-0052091		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/11/2003
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial injury on 01/11/2003. Current diagnoses include post cervical fusion and rule out left cervical facet mediated pain. Previous treatments included medication management, radio-frequency ablation, and anterior cervical fusion. The radiofrequency ablation did provide 85% improvement. Report dated 01/26/2015 noted that the injured worker presented with complaints that included chronic neck pain and intermittent left arm pain. Pain level was 1-2 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included refilling medication and follow up in 60 days. The treating physician has requested Norco 10-325 mg #120 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325 MG #120 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80 and 91.

**Decision rationale:** Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case, the medical shows that the injured worker has been taking Norco on a long-term basis, including 40mg per day after radiofrequency ablation, which provided 85% pain relief. The records do not document presence or absence of aberrant pain behaviors or signs of abuse. Side effects are not addressed and urine drug testing is not documented. There is no pain contract, which is recommended for long-term opioid use. Although specific functional improvement is noted, there is no complete pain assessment as noted in the MTUS. Work status, or ability to work in light duty status, is not addressed. The request for Norco 10/325 #120 with 1 refill is not medically necessary.