

<b>Case Number:</b>	CM15-0055986		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 63 year old male, who sustained an industrial injury on June 3, 2011. The injured worker had reported neck, left shoulder and lower back injuries. The diagnoses have included chronic pain syndrome secondary to trauma, cervical discogenic disease, cervicgia sprain/strain, cervical stenosis with protrusions, lumbar myofascial pain syndrome, radiculopathy of the left leg, lumbago sprain/strain and left shoulder impingement syndrome. Treatment to date has included medications, radiological studies, epidurals, electrodiagnostic studies, Solace Multi-Stimulation unit, cervical spine home exercise kit and a cervical spine fusion. Current documentation dated February 11, 2015 notes that the injured worker reported neck pain which radiated down the both upper extremities, left shoulder pain and low back pain. The low back pain radiated down the bilateral lower extremities, worse on the left side. Physical examination of the cervical spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were trigger points noted throughout the paraspinal muscles and range of motion was noted to be decreased. Examination of the left shoulder revealed tenderness to palpation and a decreased range of motion. Lumbar spine examination showed tenderness to palpation bilaterally, muscle rigidity and numerous trigger points throughout the paraspinal muscles. Range of motion was noted to be decreased. The documentation notes that the injured worker was taking Norco for pain, which was effective and allowed him to function with activities of daily living. The treating physician's plan of care included a request for Norco 10/325mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 78.

**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 06/03/2011 and presents with cervical spine pain, left shoulder pain, and lower back pain which radiates to both lower extremities. The request is for NORCO 10/325 mg #60. There is no RFA provided, and the patient is on temporary total disability. The patient has been taking Norco as early as 08/22/2014. 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 interval using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management, also requires documentation of the 4 As (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 08/22/2014 report states that the patient rates his pain as a 3-4/10 to a 10/10. The 10/03/2014 report states that the patient is "getting 30-40% relief with the Norco. With the Norco, he is able to perform ADLs such as washing the dishes and performing light cleaning. He states without the medication, he cannot. His CURE of 10/03/2014 shows medications from this office only, consistent with compliance." In this case, although there are pain scales and examples of ADL's provided, not all 4 A's are addressed as required by MTUS guidelines. The treater does not discuss aberrant behavior/side effects. The patient has a CURES report on file and there is a urine drug screen provided from 10/03/2014 which shows hydromorphone, a metabolite of Norco. Given the adequate documentation of the four A's, the request IS medically necessary.