

<b>Case Number:</b>	CM15-0056646		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/10/2006
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 61 year old female who sustained a work related injury May 10, 2006. Past history included left shoulder arthroscopic surgery April, 2009. According to a primary treating physician's progress report, dated January 27, 2015, the injured worker presented with ongoing neck, lower back, left shoulder, and left hand pain. The low back pain radiates to her right posterior hip and is described as burning. Her pain level is rated 8/10 without medication and 5/10 with medication. With medications, she is able to work full time and walk 2 ½ hours a day. Diagnoses included chronic neck pain, left upper extremity pain; chronic low back pain, degenerative disc changes L4-L5; chronic left shoulder pain, s/p surgery April 2009. Treatment plan included encouragement to continue with daily exercise and medication dispensed; including Neurontin and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 10/325mg, QTY: 180, provided on date of service: 1/27/15:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, specific drug list Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the back that went into the right leg, neck, and shoulder. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested this medication significantly improved the worker's pain intensity and function. However, the worker was taking short-acting opioid medication on average eight times every day in order to have this benefit. This frequency can increase a person's risk and also draws the person's attention to the condition, which can decrease coping. For these reasons, the current request for 180 tablets of Norco (hydrocodone with acetaminophen) 10/325mg provided on the date of service 01/27/2015 is not medically necessary.

**Retrospective request for Relafen 750mg, QTY: 60, provided on date of service: 1/27/15:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Relafen (nabumetone) is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing pain in the back that went into the right leg, neck, and shoulder. While there was no documented individualized assessment of the worker's risk factors, the pain assessments did include most of the elements recommended by the Guidelines, and the worker had improved pain and function with this medication. In light of this

supportive evidence, the current request for sixty tablets of Relafen (nabumetone) 750mg provided on the date of service 01/27/2015 is medically necessary.