

<b>Case Number:</b>	CM15-0059205		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 69 year old female, who sustained an industrial injury on January 7, 2005. She reported cumulative trauma injuries of the neck, right shoulder, right hand, and right wrist. The injured worker was diagnosed as having cervical disc degeneration, cervical radiculopathy, right shoulder pain, and right extremity pain. Treatment to date has included MRIs, electrodiagnostic studies, urine drug screening, physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, cervical collar, cervical epidural steroid injections, right shoulder injections, and opioid, topical pain, and anti-epilepsy medications. On March 5, 2015, the injured worker complains of neck and right upper extremity pain. Her pain with medications is 2/10 and 7/10 without medications. She has no new problems or side effects, poor sleep quality, and her activity level is unchanged. She is using opioid, topical pain, and anti-epilepsy medications currently. The physical exam revealed restricted cervical spine range of motion and tenderness of the paravertebral muscles, rhomboids, and trapezius. There were normal reflexes of the bilateral upper extremities, tenderness of the right paracervical muscles, and increased muscle tone and tenderness of the right trapezius. The right shoulder had restricted range of motion, and tenderness of the acromioclavicular joint, biceps groove, glenohumeral joint, and superior aspect of the right shoulder, supraspinatus, and infraspinatus. The left shoulder exam was unremarkable. The motor exam revealed mild decreased strength of the right upper extremity and normal left upper extremity strength. Motor testing was limited due to pain. A urine drug screen was sent on this date. The treating physician

notes urine drug screening has been consistent. The treatment plan includes a refill of her opioid medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient was injured on 01/07/2005 and presents with neck and right upper extremity pain. The request is for NORCO 10/325 mg #100. The RFA is dated 02/17/2015, and the patient is permanent and stationary. The patient has been taking Norco as early as 09/04/2014. 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, ongoing 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 90, also continues to state that the maximum dose of hydrocodone is 60 mg per day. On 09/04/2015, the patient rated her pain as a 4/10 with medications and a 7/10 without medications. "No new problems or side effects. Her activity level has decreased." The 10/02/2014 report states that "patient reports at least 50% pain reduction last month." The 12/04/2014 report states that the patient rates her pain as a 7.5/10 with medications and a 9.5/10 without medications. "No new problems or side effects." On 02/05/2015, the patient rated her pain as a 5/10 with medications and a 10/10 without medications. In this case, not all the 4As are addressed as required by MTUS Guidelines. The treater does provide before-and- after pain medication scales; however, there are no examples of ADLs which demonstrate medication efficacy nor are there discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures were provided either as required by MTUS Guidelines. The patient did have a urine drug screen conducted on 03/05/2015 which revealed that she was consistent with her prescribed 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.