MAXIMUS Federal Services

| Case Number: | CM14-0124195 | | |
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| Date Assigned: | 08/08/2014 | Date of Injury: | 06/21/2008 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 07/14/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 52-year-old female with date of injury of 06/21/2008. The listed diagnoses per [redacted] are:1. Neuropathy2. Facial pain3. Arthropathy of cervical facet jointAccording to progress report 06/17/2014, the patient presents with cervical spine and facial pain with numbness. The patient also associates symptoms of headache which can be triggered by neck pain and mobility issues. The patient's current medication regimen includes Hydrocodone, Ibuprofen 800 mg, Lyrica 100 mg, Mirtazapine 15 mg, Divalproex 500 mg, Bupropion 150 mg, Abilify 2 mg, Omeprazole, Metoprolol 50 mg, and Aspirin 81 mg. Examination revealed "facial sensation is notable to some mild facial asymmetry to pinprick. Sensory exam in the extremities revealed reasonably symmetric light touch and vibration in the upper extremities. In the lower extremity, the patient reported some diminished pinprick in the left foot." Report 06/05/2014 indicates that medications continued to be helpful and well tolerated. The patient's pain is rated as 7-8/10 in intensity without pain medication and as a 5-6/10 with pain medications. The treating physician is requesting a refill of Norco 10/325 mg #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with cervical spine and facial pain with numbness. The treating physician is requesting a refill of Norco 10/325 mg #120. The medical file indicates that the medications help control patient's pain and increase function. The patient denied significant side effects with medications and urine drug screens are consistent with the medications prescribed. MTUS Guidelines pages 88 and 89 state, "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 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. Review of the medical file indicates that the patient has been taking Norco since at least 01/14/2014. It was noted that the patient is working with restrictions. The treating physician continually states that opioids are necessary for patient's chronic intractable pain and that the medications decrease pain and increase function. In this case, the treater discusses analgesia and the patient is working with restrictions. Furthermore, the treating physician addresses side effects and administers routine UDS for monitoring of medications. Given such, the request is medically necessary.