

<b>Case Number:</b>	CM14-0142161		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/26/2005
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 61 year old male who reported an injury on 01/26/2012. The mechanism of injury was not specified. His diagnoses included status post cervical fusion, left arm radiculopathy, right shoulder sprain/strain, left sternoclavicular, and lumbar spine strain/sprain with bulging disc. His treatment included a home exercise program. His previous diagnostics were not provided. He was status post cervical fusion. On 07/24/2014 the injured worker reported persistent flare ups of pain in the neck region which was causing headaches. He rated his pain at 7/10 and had been exacerbated with the performance of some activities of daily living. Physical examination revealed tenderness over the posterior cervical paraspinal musculature where muscle spasms and trigger points were noted. His medications included Norco 10/325mg, Soma, and Ultram. The treatment plan was for Norco 10/325mg, #100 with 3 refills. The rationale for request was not provided. The request for authorization form was submitted on 07/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #100 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: On-going management of O.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Opioids, Criteria for Use, On-going Management, Page(s): 80; 78..

**Decision rationale:** Based on the clinical information submitted for review, the request for Norco 10/325mg, #100 with 3 refills is not medically necessary. As stated in California Medical Treatment Utilization Schedule (MTUS) Guidelines, opioids for chronic back pain seem to be effective for short-term pain relief, but long term efficacy is unclear and also appears limited. Ongoing use of opioids requires continuous documentation and assessment of pain relief, functional status, appropriate medication use, and side effects. The detailed pain assessment should include the current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The injured worker complained of persistent flare ups of pain in the neck region which was causing headaches. The guidelines indicate that the ongoing use of opioids requires unending documentation and assessment of pain relief, functional status, appropriate medication use, and side effects; however, the clinical documentation failed to note if the injured worker had any functional gains with the medication. There was a lack of documentation to show that the physician did a detailed pain assessment which included the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, it is necessary to monitor appropriate medication use, which includes a recent urine drug screen with results; however, the notes did not include a recent urine drug screen with results to determine compliance. The request failed to provide how frequent the medication would be taken. As such, the request for Norco 10/325mg, #100 with 3 refills is not medically necessary.