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| <b>Case Number:</b>   | CM14-0147896 |                              |            |
| <b>Date Assigned:</b> | 09/15/2014   | <b>Date of Injury:</b>       | 08/20/1991 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 08/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2014 |

### 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 52 year old male with a reported date of injury on 10/23/1991. The injured worker was diagnosed with chronic pain, depression, and opioid induced constipation. Prior treatments included inpatient psychiatric treatment, psychological therapy, and medications. A urine drug screen was performed on 03/28/2014 which was consistent with the injured worker's medication regimen. The clinical note dated 08/21/2014 was handwritten and largely illegible. Per the legible portions of the note, the injured worker was being seen for constipation and bleeding. The physician noted the injured worker reported having hard stools and rectal bleeding. The injured worker was taking medications for constipation which were helping. The physician noted the injured worker had a onetime inconsistent urine drug screen. It was noted that the injured worker reported using cocaine recreationally one time, which had never occurred in the past. The physician indicated urine drug screening would be performed each visit for the 6 following visits in order to assess the injured worker's compliance with the prescribed medication regimen and monitor for any further illicit drug use. The treatment plan included recommendations for urine drug screens at the next 6 office visits, a CT scan to an unspecified site, and hernia surgery. The physician was requesting Norco 10/325mg, #150. The physician's rationale for the request was not indicated within the provided documentation. The request for authorization was dated 07/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, #150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Guidelines state for opioid ongoing management there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Furthermore, the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control should be used for monitoring purposes for ongoing management of opioid use. The injured worker complained of constipation and bleeding and went in to discuss medications and referrals, however the need for ongoing use of Norco cannot be established as there is a lack of clear evidence of functional improvement and medication compliance, as well as a detailed pain assessment. Furthermore, the frequency was not provided in the request. Therefore the request is not supported. As such, the request for Norco 10/325 mg, quantity of 150 is not medically necessary.