

<b>Case Number:</b>	CM14-0150586		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/20/2003
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 64-year-old female who reported an injury on 05/20/2003 due to a fall. The injured worker has diagnoses of lumbar radiculopathy, chronic neck pain, right shoulder arthralgia, chronic pain syndrome. The past medical treatment included medications, physical therapy, acupuncture, chiropractic therapy, surgery, and electrotherapy. Diagnostic testing included left shoulder x-rays and lumbar spine x-rays on 06/25/2008, an MRI of the right knee on 07/22/2003, an MRI of the lumbar spine on 07/22/2003, NCV of upper extremities on 08/21/2003, dermatomal somatosensory evoked potential of upper extremities on 08/21/2003, an NCV of lower extremities done on 09/10/2003, and an MRI of right shoulder and left shoulder and cervical spine done on 04/23/2004. The injured worker underwent left shoulder arthroscopy with arthrotomy and subacromial decompression and rotator cuff repair on 09/30/2004. The injured worker complained of low back pain with bilateral lower extremity complaints greater on the right side. The injured worker rated her pain at 8/10 on the pain scale on 08/26/2014. The physical examination revealed tenderness to palpation of the lumbar spine extending into the bilateral paraspinal region. The injured worker had limited range of motion of the lumbar spine and a positive facet provocation test. The injured worker had a positive straight leg raise test bilaterally with symptoms extending to the foot at 60 degrees. During the physical examination the injured worker had impingement of the right shoulder. Medications included Norco 10/325 mg. The treatment plan is for 1 prescription of Norco (hydrocodone/APAP) 10/325 mg #120. The rationale for the request was not submitted. The request for Authorization Form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco (Hydrocodone/APAP) 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids for chronic pain.

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

**Decision rationale:** The request for 1 Prescription of Norco (Hydrocodone/APAP) 10/325mg #120 is not medically necessary. The injured worker complained of low back pain with bilateral lower extremity complaints greater on the right side rated 8/10 on the pain scale on 08/26/2014. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines state that the pain assessment should include 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 the pain relief last. The guidelines also state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The documentation submitted for review indicates that Norco is helping the patient. However, there was no quantified information regarding pain relief. There was also no assessment regarding current pain average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding consistent with urine drug screens. In addition, there was no mention of side effects. Given the above, the request for ongoing use of Norco is not supported. Therefore, the request for 1 Prescription of Norco (Hydrocodone/APAP) 10/325mg #120 is not medically necessary.