

<b>Case Number:</b>	CM14-0152772		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/16/2009
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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, and is licensed to practice in Alabama. 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 58 year old male who was injured on 02/16/2009. The mechanism of injury is unknown. He has been treated conservatively with acupuncture treatments. Toxicology reports dated 03/10/2014 detected hydrocodone, hydromorphone, norhydrocodone, and acetaminophen (prescribed medications listed are Gabapentin and hydrocodone) which is expected with prescribed medications. Pain management report dated 07/28/2014 indicates the patient presented with complaints of neck and low back pain. The patient reported the neck pain radiates down to bilateral upper extremities. Her pain is associated with occasional numbness in the left upper extremity to the level of the elbow and is aggravated with activity. The low back pain radiates to bilateral lower extremities and is aggravated by activity as well. She rated her pain as 2/10 with medications and 8/10 without medications. Objective findings on exam revealed tenderness to palpation over the L4-5 region of the lumbar spine. Lumbar spine range of motion is decreased in flexion with limitation to 40 degrees; extension to 0 degrees; bending on the left is to 25 degrees and bending on the right is 20 degrees. The patient also had tenderness of the right knee with moderate swelling. The patient is diagnosed with lumbar disc displacement, lumbar facet arthropathy, lumbar radiculopathy, and chronic pain. The patient was recommended to continue on Norco 10/325 mg #75 with 1 refill for pain relief. Prior utilization review dated 08/20/2014 states the request for Norco 10/325mg, #75 with 1 Refill is modified to certify Norco 10/325 mg #75 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #75 WITH 1 REFILL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9,74,78-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

**Decision rationale:** The above MTUS guidelines regarding ongoing-management of opioids states "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 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, note from 7/28/14 addresses the 4 A's by stating "Pain is rated as 2/10 in intensity with medications. Pain is rated as 8/10 in intensity without medications... The opioid analgesic effect has allowed this patient to increase/maintain activities of daily living and function. The prescribed medication has been well tolerated without significant adverse drug side effects. The patient has been compliant with medication use and a "pain contract" is on file. The patient is monitored by periodic urinary drug testing and CURES reporting." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.