

<b>Case Number:</b>	CM14-0182563		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	11/19/2003
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 & 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 56 year-old female with the date of injury of 11/09/2003. The patient presents with pain in her neck, radiating down her upper extremities, arms and hands with tingling or numbing sensations. The patient rates her pain as 5-6/10 on the pain scale. The patient describes her pain as constant and moderate to severe. The patient states that the symptoms are aggravated by activities, especially the use of the muscles of her neck. There is palpative tenderness over cervical spine. The patient presents limited range of right hand motion. The patient is currently taking Triamterene, Lisinopril, Cyclobenzaprine, Norco, and Zoloft. According to treating physician's report on 08/04/2014, diagnostic impressions are: 1) Broad-based central disc protrusion at the C4-5 level 2) Broad-based central and right paracentral disc protrusion 3) Cervical radiculopathy, bilaterally at C7 left greater than the right 4) Bilateral carpal tunnel syndrome 5) Multiple fractured dentition and or pharyngeal pathology. The utilization review determination being challenged is dated on 08/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/14/2014 to 10/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 88,89,76-78.

**Decision rationale:** The patient presents with pain and weakness in her neck and upper extremities. The request is for Norco 10/325mg #180. MTUS guidelines page 88 and 89 states, "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. Treating physician's report on 04/14/2014 indicates that "patient has been using Norco for her pain management for past few years and cannot go a day without taking it [due to] withdrawals symptoms. She is willing to decrease Norco slowly to the point that she can manage her pain without withdrawals but this will take time." There are no discussion regarding ADLs and aberrant behavior. No Cures or UDS reports, for example. MTUS also required the use of a validated instrument to describe functional improvement at least once every 6 months which is not provided. "Pain assessment" issues are not provided as required. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The treater indicates that the patient is to be slowly tapered, but the reports do not show any reduction of meds over the previous months. The request is not medically necessary.