MAXIMUS Federal Services

| Case Number: | CM14-0167593 | | |
|---|---|---|---|
| Date Assigned: | 10/14/2014 | Date of Injury: | 02/21/2013 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58-year-old male worker sustained injuries to his head, neck, left eye, right lung, ribs, liver and thoracic and lumbar spine on 2/21/13. His diagnoses include right scapular fracture, right chest chronic effusion, multiple rib fractures, pelvic fractures with subsequent lower extremity numbness, cervical strain, rule out disc herniation, bilateral upper extremity numbness, facial trauma, rule out cervical radiculopathy and left shoulder rotator cuff syndrome. He has been treated with pain medications, physical therapy and surgery. As noted in the PR2 dated 9/17/14, he continues to have pain in the neck, right shoulder, bilateral hands and bilateral hips. The treating provider requests Norco 7.5/325 mg #90. The Utilization Review on 10/3/14 non-certified Norco 7.5/325 mg #90, citing CA MTUS Chronic Pain guidelines; there is no opioid agreement or evaluation for any aberrant drug behaviors.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone/APAP) 7.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

**Decision rationale:** The patient presents with cervical spine pain, rated 5/10, right shoulder pain, rated 3-6/10, bilateral hand pain, right hip pain, rated 3/10, and left hip pain, rated 3-7/10. The request is for NORCO - HYDROCODONE/APAP - 7.5/325 MG # 90. Patient is status post lung surgery February 2013, date unspecified. Patient is working full duty.MTUS Guidelines pages 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. MTUS pages 60 and 61 state the following: Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Treater states in progress report dated 09/11/14 "... the medications prescribed are to control the patient's symptoms and aid in restoring function in order to adequately perform his activities of daily living..." In this case, treater has not stated how Norco reduces pain and significantly improves her activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been discussed. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.