

<b>Case Number:</b>	CM14-0205602		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old woman who sustained a work-related injury on March 4, 2005. Subsequently, the patient developed chronic low back, neck, and shoulder pain. Prior treatments included: medications, physical therapy, ACDF at C5-6 on November 5, 2007, cervical SCS in April/May of 2012, and trigger point injections. An opioid contact was signed on July 29, 2010. Peer review dated January 17, 2014 stated that the patient had a negative UDS in November, which did not identify any evidence of hydrocodone. In addition, on the day the patient was seen by both physicians, she was prescribed oxycodone by [REDACTED] and Norco by [REDACTED] and did not advise her treating physician's that she was getting opioids elsewhere. One additional month supply of Norco 10/325 mg #150 was allowed for weaning and/or to establish a medical necessity for additional treatment with evidence of significant functional improvement. According to the progress report dated October 22, 2014, the patient reported ongoing pain in her neck that radiates into her shoulders and mid back as well as pain in her right hand and right foot. On examination, the patient exhibited significant guarding with regard to the cervical spine with restricted painful movement noted in all planes. The patient described significant pain in the cervical spine in any position. The patient was diagnosed with status post anterior cervical discectomy and partial corpectomy with interbody fusion at C5-6 on November 5, 2007, right shoulder impingement syndrome, lumbosacral sprain, right upper extremity chronic regional pain syndrome, and status post permanent implantation of cervical spinal cord stimulator in May of 2012. The provider requested authorization for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) 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. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #150 is not medically necessary.