

<b>Case Number:</b>	CM15-0010607		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	11/04/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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:

The injured worker is a 53 year old male with an industrial injury dated November 4, 2012. The injured worker diagnoses include neck sprain and strain, cervical spondylosis without myelopathy, and lumbar sprain and strain. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation and periodic follow up visits. According to the progress note dated 12/09/14, injured worker reported neck pain. Physical exam revealed tenderness to palpitation of the cervical spine and decreased range of motion. The treating physician prescribed Norco 5/325mg 1 tab PO Q 6 PRN pain #90. Utilization Review (UR) determination on December 19, 2014 modified the request to Norco 5/325mg #45 for weaning, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg 1 tab PO Q 6 PRN pain #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

**Decision rationale:** The patient presents with pain in his neck, lower back and upper extremity. The patient is s/p C4-C7 cervical fusion on 07/22/14. The request is for NORCO 5/325MG 1 TAB PO Q6 PRN #90. The patient has been utilizing Norco since at least 05/13/14. Urine drug screening was performed on 05/13/14. Per 12/09/14 progress report, "the patient is currently utilizing Vicodin for pain relief, which he finds beneficial." Per the patient, it takes two hours for the medication to take effect and the effectiveness will last four to six hours. Side effects of the medication were discussed with the patient, and he states he experienced an upset stomach and is tired. The patient returned to work with modified duty on 12/11/14 with restrictions. Regarding chronic opiate use, MTUS guidelines page 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 4A's --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 guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, adverse effect is discussed along with urine drug screen as part of aberrant behavior monitoring. There are documentations which specifically discuss side effects. The treater provided documentations which discuss time for medication to work and duration of pain relief. However, there are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; No validated instruments are used to show functional improvement. None of the reports discuss pain assessment or outcome measures which include current pain, average pain, least pain, intensity of pain after taking the opioid. Furthermore, the utilization review on 12/19/14 modified the requested Norco #90 to #45, stating "at this point, the claimant is approximately 5 months postop and the medical necessity for ongoing use of the same amount of opioid narcotic medication is not supported as medically necessary. This medication should not be stopped abruptly." The request of Norco #90 at this time IS NOT medically necessary.