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| <b>Case Number:</b>   | CM15-0010658 |                              |            |
| <b>Date Assigned:</b> | 01/28/2015   | <b>Date of Injury:</b>       | 11/01/2000 |
| <b>Decision Date:</b> | 03/24/2015   | <b>UR Denial Date:</b>       | 01/10/2015 |
| <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 40 year old female, who sustained an industrial injury on 11/01/2000. She has reported neck, upper back, and bilateral upper extremity pain. The diagnoses have included cervical disc degeneration; and intractable neck, upper back, and bilateral upper extremity pain. Treatment to date has included medications and surgical intervention. Medications have included Norco, Lyrica, Soma, and Ambien. A progress note from the treating physician, dated 12/10/2014, documented a follow-up evaluation of the injured worker. The injured worker reported pain in the bilateral upper extremities, upper and mid back; rates pain level at 9/10 on the visual analog scale; rates pain at 5/10 with the use of medications; and notes function and activities of daily living are improved with the use of her prescribed medications. Objective findings revealed a moderately elevated blood pressure. The treatment plan includes continuation/prescription of Norco for pain; request for new foam core roller for therapeutic home exercise program; and follow-up evaluation as scheduled. On 01/10/2015 Utilization Review modified 1 prescription of Norco 10/325 mg #150, to 1 prescription of Norco 10/325 mg #45. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited. On 01/19/2015, the injured worker submitted an application for IMR for review of 1 prescription of Norco 10/325 mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription of Norco 10/325mg #150: Upheld**

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

**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 and weakness in her neck and upper extremity. The request is for ONE PRESCRIPTION OF NORCO 10/325MG #150. The patient is currently taking Ambien, Lyrica, Soma, Trazodone, Zoloft and Norco. The patient has been utilizing Norco since at least 01/22/14. Per 12/10/14 progress report, "the patient states that her pain is decreased and her function is improved with the use of these medications and without them she would have significant difficulty tolerating even routine activities of daily living. She denies negative side effects with the medication. There are no aberrant drug behaviors. The 11/13/14 progress report states that She rates her pain as 9/10, but finds that it is reduced to 5/10 with use of her current medications. 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 4 A'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 page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. Although the treater discusses pain scales, adverse side effects, and aberrant behavior, not all 4 A's are addressed as required by MTUS guidelines. The treater only provides a general statement indicating that the patient's pain has decreased and function has improved but no specific ADL's are mentioned to show significant functional improvement. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the request IS NOT medically necessary.