

<b>Case Number:</b>	CM15-0016680		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/08/2006
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 59 year old female who sustained an industrial injury on 08/08/06. She reports neck pain radiating to her shoulder region and head. She complains of low back pain radiating to her legs. Treatments to date include pain medications. Diagnoses include significant disc collapse with bone spur formation and moderate to severe stenosis at C4-C7, severe disc desiccations with foraminal stenosis L4-S1, and moderate disc collapse and facet disease T12-L2. In a progress note dated 01/14/15 the treating provider reports pain with painful range of motion in the neck, difficult walking and painful range of motion in the lumbar spine,. The treatment plan includes Norco. On 01/24/15 Utilization Review non-certified Norco, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #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 Opioids, criteria for use; Opioids for chronic pain; Drug testing Page(s): 43 and 78 through 81. Decision based on Non-MTUS Citation ODG Pain Chapter, Urine Drug Testing (UDT)

**Decision rationale:** MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. MTUS recommends drug testing for patients receiving opioids for chronic pain. Due to the injured worker's documented diagnosis of depression, ODG would consider her to be at moderate risk for medication addiction/aberrant behavior, and would recommend quarterly drug testing. However, no previous drug screens are documented. The treating physician states that hydrocodone helps her pain and improves her activity, but no details are documented concerning improvement in the injured worker's VAS pain levels or specific activities, and she remains unable to work. A documented treatment plan as of 10/30/15 included change of her pain medication from hydrocodone/APAP to tramadol or codeine/APAP at next visit, and no explanation has been provided concerning continuation of hydrocodone/APAP. Due to lack of documented detailed evidence of symptomatic or functional improvement with long-term opioid use, as well as lack of documented risk assessment or monitoring for evidence of aberrant medication behavior, the requested hydrocodone/APAP is inconsistent with MTUS recommendations concerning opioids for chronic pain. Medical necessity is not established for the requested hydrocodone/APAP.