

<b>Case Number:</b>	CM15-0124119		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	12/19/1997
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 70-year-old female, with a reported date of injury of 12/19/1997. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include cervical disc disorder with radiculopathy. Treatments and evaluation to date have included oral medications. The diagnostic studies to date were not indicated. The medical report dated 04/13/2015 indicates that the injured worker presented to the office for pain management follow-up. She reported an increase in pain in her neck pain. The pain continued to radiate down both arms, the right side being worse. The injured worker is right hand dominant and felt like the right arm was getting weak. She had difficulty carrying objects such as light groceries in her right arm/hand. The pain was severe in the right anterior shoulder and the biceps area felt a little numb. The injured worker's pain was managed with Norco and Gabapentin, without noted side effects. The physical examination of the cervical spine showed decreased active range of motion, pain to palpation across the mid to lower cervical disc spaces extending into the proximal trapezius muscles bilaterally, and negative axial compression. There was reduced sensation to light touch in C5-6 distribution and normal bilateral upper extremity strength. It was planned for the injured worker to follow-up in one month. There was no documentation of the injured worker's work status. The treating physician requested two prescriptions of Norco 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) prescriptions for Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20, Part 1: Conclusion, and Opioids Page(s): 1, 9, and 74-96.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Norco (Hydrocodone/Acetaminophen) is indicated for moderate to moderately severe pain. The injured worker reported an increase in her neck pain. She has been taking Norco since at least 04/13/2015. It was noted that the injured worker had a history of chronic opioid use. The guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. A random urine drug screen was performed in 03/2015 and appeared appropriate. However, specific functional goals, and opioid contract were not discussed. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco is not medically necessary.