

<b>Case Number:</b>	CM15-0172753		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 04-09-2010. Review of medical records indicate he is being treated for cervical radiculopathy, cervical spine status post- surgery times 2, lumbar disc protrusion, lumbar radiculopathy and right knee chondromalacia patella. He presents on 06-25-2015 with complaints of a "flare up" in his neck and low back symptoms. His neck pain is documented as constant and rated as 8 out of 10, low back pain radiating to the bilateral lower extremities with numbness and tingling rated as 9 out of 10 and right knee pain rated as 7 out of 10. Physical exam documented cervical range of motion as follows: Flexion 25 degrees, extension 25 degrees, right rotation 60 degrees, left rotation 60 degrees, right lateral flexion 20 degrees and left lateral flexion 20 degrees. Lumbar range of motion is documented as flexion 20 degrees, extension 5 degrees, and right lateral flexion 10 degrees and left lateral flexion 10 degrees. Right knee range of motion was documented as flexion 110 degrees and extension as 0 degree. Work status was documented as "This patient remains temporarily totally disabled until 08-06-2015." Prior treatment included home exercise program, topical medications and pain medication. He was currently taking Norco for pain (since 03-11-2015 note). The treatment request is for Norco 10-325 mg quantity 80. On 08-27- 2015 the request for Norco 10-325 mg quantity 80 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of Norco nor any documentation addressing the 4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 6/29/15 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.