

<b>Case Number:</b>	CM15-0178882		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/22/1999
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 58 year old female, who sustained an industrial injury on 7-22-1999. The injured worker is being treated for cauda equina syndrome, migraine, cramp in limb, depression with anxiety, insomnia and neurogenic bowel. Treatment to date has included acupuncture, home exercise and medications. Medications as of 8-04-2015 are listed as Vitamin B12, Topamax, Wellbutrin, Methocarbamol, Ambien, Avert, Qaluaquin, Senokot, Simvastatin, estrogen-testosterone and Norco. Per the Primary Treating Physician's Progress Report dated 8-04-2015 the injured worker presented for reevaluation. She reported pain radiating for the buttock, described as unchanged. She reported intermittent migraine headaches and slight depression. Objective findings included light touch sensation reduced in the lower extremities. This was the only medical record submitted. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment including the use of Norco. The plan of care included opioid pain medication and authorization was requested for Norco 7.5-325mg #60. On 8-12-2015, Utilization Review modified the request for Norco 7.5-325mg #60 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The 58 year old patient presents with cauda equina syndrome and radicular pain radiating from the buttock, as per progress report dated 08/04/15. The request is for NORCO 7.5/325mg #60 WITH 2 REFILLS. There is no RFA for this case, and the patient's date of injury is 07/22/99. Diagnoses, as per progress report dated 08/04/15, included cauda equina syndrome with neurogenic bladder, migraine, lumbar sprain/strain, cramp in limb, herniated disc syndrome, depression with anxiety, neurogenic bowel, insomnia, therapeutic drug monitor, dysesthesia, cramp in lower extremities, and depression. Medications included Topamax, Wellbutrin, Methocarbamol, Ambien, Avert, Qualaquin, Senokot, Simvastatin, Norco, Vitamin B12, and Estrogen-Testosterone. The report does not document the patient's work status. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, page 78 also requires documentation of the 4As (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, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, only one progress report dated 08/04/15 is available for review. While the report documents the use of Norco, it is not clear when the opioid was initiated. The treater, however does not discuss the efficacy of the medication. There is no documentation of change in pain scale indicating before and after analgesia due to Norco use. There is no discussion regarding Norco's impact on the patient's ability to perform activities of daily living as well. MTUS states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior, nor discussion regarding adverse effects of Norco. In this case, treater has not addressed the 4A's to warrant continued use of this medication. Hence, the request IS NOT medically necessary.