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| <b>Case Number:</b>   | CM15-0042226 |                              |            |
| <b>Date Assigned:</b> | 03/12/2015   | <b>Date of Injury:</b>       | 09/13/2010 |
| <b>Decision Date:</b> | 04/22/2015   | <b>UR Denial Date:</b>       | 02/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/05/2015 |

### 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 62 year old male who sustained an industrial injury on 9/13/10. The injured worker reported symptoms in the back. The injured worker was diagnosed as having grade I anterolisthesis at L3-4, retrolisthesis at L4-5 and L5-S1, and multiple herniated nucleus pulposus of the lumbar spine with severe stenosis, mild to moderate canal stenosis of the cervical spine. Treatments to date have included status post cervical fusion, status post microlumbar decompressive surgery, oral pain medication, home exercise program. Currently, the injured worker complains of neck pain with radiation to the left upper extremity and back pain with radiation to the left lower extremity. The plan of care was for medication prescriptions, continued home exercise program and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 120 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66; 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 01/14/15 report the patient presents for follow up with neck and radiating lower back pain relatively unchanged from the last visit. He is s/p cervical fusion and microlumbar decompressive surgery. The current request is for NORCO 10/325 mg QUANTITY 120 WITH ONE REFILL Hydrocodone, an opioid per the 01/14/15 RFA. The 02/19/15 utilization review modified this request from 1 refill to 0 refills. The report does not state if the patient is currently working. 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 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. The patient's treatment history is limited as only two reports are provided dated 01/14/15 and 11/19/14. It is unknown how long the patient has been prescribed opioids; however, Norco is listed as a continuing medication on 11/19/14. Pain is routinely assessed through the use of pain scales and is rated 7-8/10; however, the reports do not assess pain with and without medications. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned to show a significant change with use of Norco. Side effects are addressed; however, Adverse behavior is not discussed and no UDS's are provided for review or documented. There is no mention of CURES. In this case, Analgesia, ADL's and opiate management are not sufficiently documented as required by the MTUS guidelines. The request IS NOT medically necessary.