

<b>Case Number:</b>	CM15-0063421		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	12/28/2001
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: 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 54-year-old female, with a reported date of injury of 12/28/2001. The diagnoses include cervical/lumbar myofascial pain. Treatments to date have included Norco and gabapentin. The progress report dated 02/27/2015 indicates that the injured worker presented for a follow-up and refill of medications. She complained of thoracic, lumbar, neck, and hip discomfort. She rated the intensity of the pain 4 out of 10. The objective findings include tenderness of the cervicothoracic, upper thoracic, mid-thoracic, lower thoracic, thoracolumbar, upper lumbar, lower lumbar, and lumbosacral spines; moderate muscle spasms in the right posterior trapezius, bilateral neck, posterior cervical, left trapezius, upper thoracic, bilateral mid-thoracic, bilateral lower thoracic, lower thoracic, bilateral lumbar, bilateral sacroiliac, bilateral posterior pelvis/hip, and bilateral buttock; restricted cervical range of motion; lumbar flexion at 45 degrees; and lumbar extension at 5 degrees. The treating physician requested Norco 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids Pages 74-96. Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Per MTUS, immediate discontinuation has been suggested for evidence of illegal activity including diversion. 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 aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. MTUS Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The medical records document a history of cervical spine and lumbar spine conditions. The progress note dated July 29, 2013 documented that the patient was asked to supply a urine specimen for drug testing. The patient snuck out of the office without providing a urine sample. The emergency department report dated August 6, 2013 documented manic behavior and a three-day methamphetamine binge. The emergency department report dated August 8, 2013 documented treatment for manic behavior and drug use. The primary treating physician's progress report dated March 27, 2015 documented a diagnosis of cervical and lumbar myofascial pain. No urine drug screen was documented. Aberrant drug-related behaviors were not addressed in the 3/27/15 progress report. Given the history of aberrant drug-taking behavior and methamphetamine use, the request for Norco is not supported by MTUS guidelines. Therefore, the request for Norco 10/325 mg is not medically necessary.