

<b>Case Number:</b>	CM15-0095754		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	06/15/2003
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 76 year old male, who sustained an industrial injury on June 15, 2003, incurring neck and back pain. He was diagnosed with cervicgia and cervical pain and lumbago, epicondylitis and carpal tunnel syndrome. Treatment included pain medications, topical analgesic creams, anti-inflammatory drugs, and work modifications. Currently, the injured worker complained of continued pain in the neck, arm, hands and wrists and low back on a 4/10 pain scale with medications. The treatment plan that was requested for authorization included prescriptions for Norco and Relafen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 and 124.

**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 04/14/15 PTP Progress report the requesting physician states that the patient presents with continued pain in the bilateral upper extremities and neck along with sore hands. The current request is for Norco 10/325 mg #180 - Hydrocodone, an opioid. The RFA is dated 04/07/15. The patient is Permanently Disabled/Retired. 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 reports provided for review show the patient has been prescribed Hydrocodone-Norco and/or Vicodin since at least 10/17/14. The patient is noted to be stable on the regimen of pain medications. Pain with medications is stated to be 4/10; however, there is no assessment of pain without medications provided to show how much Norco helps the patient. The reports do make general statements that pain medications that include Norco, Vicodin, Relafen and IndoRub improved function and ADL's and that the patient does things around the house; however, recent reports do not mention specific ADL's that show a significant change with use of this medication. Opiate management issues are addressed. UDS's from 10/07/14 to 04/15/15 are included for review that show the presence of opioids, and the reports state there are no side-effects with medications. In this case, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. The request IS NOT medically necessary.

**Relafen 750 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68-72-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories medications for chronic pain Page(s): 22, 60.

**Decision rationale:** Per the 04/14/15 PTP Progress report the requesting physician states that the patient presents with continued pain in the bilateral upper extremities and neck along with sore hands. The current request is for Relafen 750 mg #60 - an NSAID. The RFA is dated 04/07/15. The patient is permanently disabled/retired. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS also states comprehensive clinical trials support NSAIDS in lower back pain. The reports provided for review show the patient has been prescribed this medication since at least 10/07/14. The treating physician states the patient's pain medications, which include Relafen, Vicodin, Norco, and Indo Rub improves the patient's pain and function. In this case, Relafen is indicated for this patient's pain, and the reports document that it helps the patient. The request IS medically necessary.