

<b>Case Number:</b>	CM15-0099443		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	06/06/1996
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 was a 58-year-old male, who sustained an industrial injury, June 6, 1996. The injured worker previously received the following treatments Norco, Ativan, Tramadol, Fentanyl Patches, Baclofen, Fioricet, Lasix, Topamax, Tramadol ER and random toxicology laboratory studies, lumbar spine MRI and baclofen. The injured worker was diagnosed with lumbar facet syndrome, chronic pain syndrome, undifferentiated somatoform disorder, degeneration of intervertebral disc, cervical post-laminectomy syndrome and degeneration of the lumbar intervertebral disc, depression, anxiety, and sleep disturbances. According to progress note of May 1, 2015, the injured workers chief complaint was a medical re-evaluation for lumbar degenerative dis disease and cervical post fusion syndrome and chronic pain syndrome and bilateral lower extremity edema. The injured worker was finding good pain control with duragesic and hydrocodone dose. The physical exam was noted the injured worker was alert and oriented with out tremors. The injured worker walked with a wide based gait. The injured worker denied any side effects from current mediations. The treatment plan included a prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90, take 1 tablet every 4 hours as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-97, 21, and 63.

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

**Decision rationale:** Based on the 05/01/15 progress report provided by treating physician, the patient presents with neck pain and back pain with spasms. The patient is status post cervical laminectomy, date unspecified. The request is for Norco 10/325mg #90, take 1 tablet every 4 hours as needed. Per RFA's dated 08/13/14, patient's diagnosis was lumbar degenerative disc disease. Patient's diagnosis per RFA dated 05/04/15 included degeneration of intervertebral disc, site unspecified, and cervical post laminectomy syndrome. Treatment has included imaging studies, UDS, and medications. Patient's medications include Norco, Duragesic patch, Fioricet, Lasix, Lorazepam, Mucinex, Topamax, Tramadol, Cymbalta and Zyrtec. The patient is not working, per 05/01/15 report. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per 02/06/15 report, treater states "all medications are used in a stable manner for pain relief and to allow for daily function. The patient is experiencing a reduction in pain. The patient is demonstrating an improvement in level of function. The patient is not experiencing side effects. The patient is complying with the pain management agreement and there are no signs of medication abuse or diversion." UDS dated 01/06/15 revealed "No illicit drugs detected," and "No unlisted medications detected." Per 01/06/15 report, treater states "CURES compliant. Pain agreement signed 11/05/14. UDT 11/11/14 normal results." In this case, treater has documented that patient does not express aberrant behavior and that medications do not cause adverse effects. However, treater has provided general statements and not discussed how Norco reduces pain and significantly improves patient's activities of daily living. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no pain scales or validated instruments addressing analgesia, nor specific discussions regarding ADL's. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.