

<b>Case Number:</b>	CM13-0023629		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	02/03/2006
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 53-year-old male who reported a work-related injury on 02/03/2006; the mechanism of injury was strain to the lumbar spine. The clinical note dated 09/20/2013 reports the patient was seen under the care of [REDACTED] for an orthopedic evaluation and treatment. The provider documents the patient utilizes Norco 10/325 mg for moderate to severe pain when tramadol is not effective; ½ to 1 tablet daily at most. The provider documents upon physical exam of the patient, the patient has normal extremity alignment, no evidence of scoliosis or pelvic obliquity, and gait is fluid, well balanced, and even paced. The provider documented the patient could get off and on the exam table and the chair and rise from sit to stand without difficulty. There was tenderness along the lumbar paraspinal muscles with pain along the facets bilaterally; otherwise, neurologic examination was intact. The provider documented the patient was to continue with tramadol ER 150 mg, Norco 10/325 mg, Neurontin 600 mg, Flexeril 7.5 mg, Protonix, Teroцин patch, and LidoPro topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 10/325mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** California MTUS indicates, "4 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 As" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical notes failed to evidence the patient's reports of efficacy with his current medication regimen status post a work-related injury sustained in 2006. The most recent physical exam of the patient failed to evidence significant objective findings of symptomatology to support chronic use of opioid. Given the clinical notes do not indicate how long the patient has been utilizing this medication, there is lack of a recent urine drug screen indicating patient compliance with his medication regimen, and lack of documentation reporting the patient's rate of pain on a VAS and objective functionality improving with utilization of Norco. Given all of the above, the request for one (1) prescription of Norco 10/325mg, #60 is not medically necessary or appropriate.