

<b>Case Number:</b>	CM13-0029926		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	04/11/1996
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 family practice, 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48-year-old male who reported an injury on 04/11/1996. The mechanism of injury was not provided in the medical records. The patient's medications were noted to include Norco 10/325mg every 4 to 6 hours as needed, Motrin 600mg twice a day and Omeprazole 20mg twice a day. His diagnoses are noted to include failed back surgery syndrome of the lumbar spine, mechanical low back pain, myofascial pain syndrome, bilateral lower extremity radiculopathy, bilateral hip pain, and bilateral sacroiliitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 maximum 6 # 180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines for chronic non-malignant pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that for patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. It also states that a detailed assessment should

include the current pain level, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additionally, specific documentation regarding the 4 A's for ongoing monitoring should be documented, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review states that the patient reported that Norco provided good pain relief, and allowed him to walk for longer periods of time, as well as sit for longer periods of time; however, the clinical information submitted for review failed to provide a detailed pain assessment as required by the guidelines, and did not address the 4 A's for ongoing monitoring or the patient's functional status and appropriate medication use. With the absence of this information required by the guidelines, the request is not supported.