

<b>Case Number:</b>	CM13-0031452		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	04/13/2004
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/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 toxicology report dated 05/10/2013 revealed detection of Cotinine/nicotine which is inconsistent with drug therapy. Progress report dated 08/26/2013 documented the patient to have complaints of increased low back pain along with bilateral lower extremity radiculopathy that is right-sided dominant. On exam, there is tenderness to palpation over the paraspinal muscles of the lumbar spine. There is mild guarding on palpation over the gluteal musculature. There is significant reduction on flexion and extension of the low back. The patient is diagnosed with lumbar disc protrusion, lower radiculopathy, traumatic lumbar discopathy, L4-5, L5-S1 herniated nucleus pulposus. The patient was recommended to continue Norco 10/325 mg. Prior utilization review dated 09/25/2013 states the request for Norco 10/325 mg #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 #60 one by mouth every 6-8 hours as needed, one month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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). There is an absence in documentation noting that the claimant has functional improvement with this medication. The claimant actually reports increased symptoms despite the use of this medication. Therefore, the medical necessity of this request is not established.