

<b>Case Number:</b>	CM13-0032403		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/06/2002
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 70 year-old female with a date of injury of 05/06/2002. The listed diagnoses per [REDACTED] dated 9/25/2013 are, status post anterior and posterior spinal fixation from L3 to S2 with Expeidum, and pulmonary embolism with IV filter placed. According to report dated 09/25/2013 by [REDACTED], the patient presents with continued back pain that radiates into her left back and hip. Patient rated pain at the time of visit to be 7/10. Patient is taking three Oxycontin 80mg and six to seven Norco tabs daily. "She states she has been unable to wean down on her narcotics at his point." The treating physician requests a refill of medications as "they are all keeping her functional."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #224:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 60-61.

**Decision rationale:** For chronic opiate use, MTUS Chronic Pain Medical Treatment Guidelines page 88 and 89 require functional documentation using a numerical scale or validated instrument at least once every 6 months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. A review of the medical file indicates this patient has been prescribed Norco since 01/03/2013, possibly longer as this is the earliest report provided for review. In this case, giving the statement that the patient is "unable to wean down on her narcotics" is not sufficient reason for continuing opiates. The treating physician reports medications "are all keeping her functional." However, functional measures should include changes in ADL's or improvements in work status. Given the lack of discussions regarding pain relief or functional improvement from opiate use, the requested Norco cannot be supported. The patient should be slowly weaned off of medication per MTUS guidelines. The request for Norco 10/325 mg #224 is not medically necessary and appropriate.