

<b>Case Number:</b>	CM13-0065671		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/02/2007
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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, has a subspecialty in Pediatric Rehabilitation Medicine 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 patient is a 63-year-old female who reported an injury on 10/02/2007. The mechanism of injury was not provided in the medical records. The patient was diagnosed with lumbar disc displacement, degeneration of cervical intervertebral disc, low back pain, cervical radiculitis, lumbar radiculopathy, and cervical disc displacement. The patient stated she now has bilateral low back pain. The patient described the pain as deep, heavy pressure with a nagging ache. The pain radiates to the bilateral lower extremities. The patient reported lower extremity numbness, mild tingling, weakness, no heaviness, spasm, no foot drop, and unstable gait with prolonged walking. The patient stated that the low back pain is becoming worse, making it difficult to perform ADLs such as cleaning, showering, cooking, and dressing. The patient stated she last had an injection on 04/19/2013 and had 40% to 50% relief with LESI transforaminal. The patient states she is currently taking multiple medications with a pain level of 4/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF NORCO 325- 7.5MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
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**Decision rationale:** According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the 4 "A s" for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Despite the documentation of the patient having difficulty performing daily ADLs such as cleaning, showering, cooking, and dressing, the documentation failed to provide evidence of increased function with use of opioids and whether there have been reported adverse effects or aberrant drug-taking behaviors. In the absence of the detailed documentation, required by the guidelines, for the ongoing use of opioid medications, the request is not supported.