

<b>Case Number:</b>	CM14-0000310		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Internal Medicine, Pulmonary Disease, 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 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 injured worker is a 55-year-old female with a reported date of injury on 07/24/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic low back pain with radicular symptoms to the right L4-5 distribution, lumbar spine sprain/strain, and lumbar spine degenerative disc disease. Her previous treatments were noted to include epidural steroid injection and medications. The progress note dated 11/21/2013 revealed the injured worker had overall about 50% improvement in her low back and radicular symptoms to her lower extremities after the second epidural steroid injection. The injured worker reported she was utilizing Norco 5/325 mg twice a day as needed for breakthrough pain and noted continued benefit from the medications. The physical examination of the lumbar spine revealed muscle spasms and tenderness was noted in the lumbar paraspinal region bilaterally. There was tenderness noted in the midline lumbar spine, as well. The deep tendon reflexes were 1+ to the patella/Achilles on the right and 2+ on the left. There was decreased motor strength on the right lower extremity rated 4/5. Sensation was diminished on the right lower extremity in the L4-5 dermatomal distribution. There was tenderness noted to the lumbar spinous processes, interspinous ligaments, posterior superior iliac space, and facet joint. There was a positive straight leg raise and decreased range of motion. The Request for Authorization form dated 11/27/2013 was for Norco 5/325 mg 1 tablet twice a day as needed for breakthrough pain #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325MG, #60 1 TABLET AS NEEDED FOR BREAKTHROUGH PAIN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS.

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

**Decision rationale:** The request for Norco 5/325 mg #60, one tablet twice a day as needed for breakthrough pain is non-certified. The injured worker has been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications, improved functional status, side effects, and it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation regarding improved functional status, evidence of decreased pain, side effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.