

<b>Case Number:</b>	CM14-0000928		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	12/22/1999
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 39-year-old male with a 12/22/99 date of injury; when he slipped off a scaffold and injured his lower back, right leg, left arm and hips. The patient was seen on 7/2/12 with complaints of 5/10 unchanged low back pain. Exam findings revealed tenderness and spasm in the lumbar paraspinals with radiation to the groin bilaterally, left greater than right. The urine drug-screening test dated 5/25/13 showed inconsistency with an opiate use. The reviewer's notes indicated that the patient was recommended to wean off of Hydrocodone 10/325mg on 10/3/13. The diagnosis is lumbago, lumbar strain/sprain, lumbar osteoarthritis and facet syndrome. Treatment to date: work restrictions and medications. An adverse determination was received on 12/2/13 for lack of current urine drug test, risk assessment profile, attempt at weaning and signed pain contract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tablet 325mg-10mg, 1/2-1 tabs by mouth every 8 hrs. #90, refills 0:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1999 date of injury, the duration of opiate use to date is not clear. In addition, the patient was recommended to wean off of opioid on 10/3/13 and there is a lack of documentation indicating that the weaning was indicated. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia and continued functional benefit. Lastly, the urine drug-screening test dated 5/25/13 showed inconsistency with an opiate use. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco tablet 325mg-10mg, 1/2-1 tabs by mouth every 8 hrs. #90, refills 0 were not medically necessary.