MAXIMUS Federal Services

| Case Number: | CM14-0007238 | | |
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| Date Assigned: | 02/12/2014 | Date of Injury: | 04/29/2011 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 01/20/2014 |

## 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 Family Medicine, has a subspecialty in Nutritional &Lifestyle and is licensed to practice in New Jersey. 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 worker is a 67 year old male who was injured on April 29, 2011. As a result, he was diagnosed with lumbar sprain/strain and based on MRI was diagnosed with central disc protrusions at L5-S1, L1-S2, L2-L3, L3-L4, and L4-L5 with degenerative lumber disc disease and lumbar facet joint arthropathy. He was treated with oral pain medications such as opioids, NSAIDs, gabapentin, Robaxin, Carisoprodol, and activity restrictions according to the notes provided, however other treatments may have preceded these which are not shown in the documents for review. On December 24, 2013 he complained of lower back pain to his treating physician. His current medication at the time was only Hydrocodone (Norco). The physical exam revealed tenderness to the lumbar muscles with reduced range of motion of his lumbar region. He was then prescribed a refill of his Norco (including discussing risks and benefits of the medication), and recommended that he return in 8 weeks for a follow-up. His last order for a urine drug screen, as seen from the documents provided, was on July 11, 2013, the results of which matched the worker's prescribed use of Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 78-80.

**Decision rationale:** The California MTUS Guidelines require there to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening, review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, based on the documents provided for review, there was no opioid contract, no report of pain relief or functional status with each encounter related to his Norco use, and no review of non-opioid means of pain control or why the Norco was preferred over other medications in this case. Without this documentation, the Norco 10/325 mg #120 is not medically necessary.