

<b>Case Number:</b>	CM14-0008771		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	06/23/1997
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine & Rehabilitation, 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 41-year-old female who reported injury on 06/23/1997. The mechanism of injury was not provided. The medication history included Norco 10/325 mg 1 by mouth 4 times a day #120, OxyContin 30 mg 1 at bedtime #30, Soma 350 mg 1 by mouth 4 times a day #120 as of 06/21/2013. The clinical documentation indicated the injured worker has undergone urine drug screens. The documentation of 12/06/2013 revealed the injured worker had continuing complaints of low back pain that were worsened with activities of daily living and weather. The injured worker indicated that the medication improved functional activities of daily living and she was requesting a refill of medications on the date of visit. The diagnoses included failed back surgery with fusion at L5-S1, lumbar myofascial pain, lumbar radiculitis, and intervertebral disc disease. The treatment plan included Norco 10/325 mg 1 by mouth 4 times a day #120, Soma 350 mg 1 by mouth 4 times a day #120, and random urine drug screens to be done quarterly times four (x4).

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and an objective decrease in pain. There should be documentation that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 6 months. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg count #120 is not medically necessary.