

<b>Case Number:</b>	CM14-0102724		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/21/2003
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 and Rehabilitation has a subspecialty in and is licensed to practice in Texas and Ohio. 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 59-year-old male who reported an injury on 04/21/2003. The mechanism of injury was noted to be lifting a concrete trash can. His diagnoses were noted to be lumbar facet arthropathy, degenerative disc disease of the lumbar spine, and herniated nucleus pulposus lumbar spine, with canal stenosis and bilateral neural foraminal stenosis. Prior treatments were noted to be epidural injections, acupuncture therapy, chiropractic therapy, surgery, physical therapy and medications. The injured worker had an MRI of the lumbar spine on 04/02/2014. The injured worker was noted to have an epidural injection which he stated only helped a mild amount. The injured worker's subjective complaints were noted on 05/05/2014. According to the Primary Treating Physician's Progress Report, the injured worker reported persistent low back pain which he rated at an 8/10 to 9/10 on the pain scale. He described his pain as radiating pain with stabbing sensation going into his legs but otherwise most of the pain is concentrated in his lower back. The objective physical exam findings noted no acute distress. The injured worker had decreased range of motion of the lumbar spine. There was pain with facet loading. Palpation tenderness to lower lumbar facet regions was also noted. Strength was 5/5 bilaterally in the lower extremities and sensation was intact. The injured worker was noted to use medications Norco, Lortab Elixir and tramadol. He states this helps decrease pain by approximately 80%. The treatment plan suggested a medial branch block and refilled medications. The provider's rationale for the request was within the documentation of the Primary Treating Physician's Progress Report on 05/05/2014. The Request for Authorization Form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Norco 10-325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation provided for review in a Primary Treating Physician's Progress Report on 05/05/2014 fails to provide an adequate pain assessment. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provider's request failed to indicate a dosage frequency. Due to lack of documentation in support of ongoing management of opioid therapy; the request for 60 tablets of Norco 10-325 mg is not medically necessary.