

<b>Case Number:</b>	CM14-0107008		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/27/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Connecticut. 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:

After careful review of the medical records, this is a 47 year old male with complaints of low back pain and knee pain. The date of injury is 11/27/11 and the mechanism of injury is a fall injury while lifting luggage. At the time of request for Norco 10/325#90, there is subjective (low back pain, knee pain) and objective (paraspinal lumbar muscle spasm, straight leg raise and Lasegues test positive on the right) findings, imaging findings (2/3/12 Lumbar x-ray shows degenerative disc disease L4/5,L5/S1 and retrolisthesis L3/4,L4/5, MRI lumbar spine broad based disc bulge L3/4,L4/5), diagnoses (lumbosacral strain and discogenic degenerative disease, knee internal derangement), and treatment to date (medications, psychotherapy, approved for functional restoration program). Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1, no more than tid (three times daily) QTY:90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80,91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply any type of ongoing evaluation of the opioid drug treatment such as analgesia with and without the medication as well as functional capacity on and off the medication, it is my opinion that the request for Norco 10/325 #90 is not medically necessary.