

<b>Case Number:</b>	CM14-0119963		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 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 patient is a 34 year-old male with the date of injury of 12/26/2003. The patient presents with pain in his lower back, radiating down his legs. The patient rates his pain as 3-4/10 on the pain scale, with the intake of Norco and rest. The patient presents limited range of lumbar motion. His lumbar flexion is 40 degrees, extension is 10 degrees, and lateral bending is 15 degrees. The patient is currently working part time. The patient is currently taking Norco and Valium. According to [REDACTED] report on 07/11/2014, diagnostic impressions are;1) Failed back surgery syndrome - lumbar2) Lumbar degenerative radiculopathy3) Low back pain4) Bilateral lumbar radiculopathy5) Lumbar spondylolisthesis6) Bilateral sacroilitis, increased pain not well controlled at this timeThe utilization review determination being challenged is dated on 07/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/2014 to 07/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 tab every 4 hours as needed #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Weaning of Medications Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88, 89 76-78.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremities. The request is for Norco 10/325mg, 1 tab every 4 hours as needed #180. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treater' report on 06/19/2014 indicates that "the patient rates the pain level 9/10 as of this morning but currently it is 3-4/10 since taking Norco and resting. He denies side effects with the use of Norco." The patient is now working part-time, usually day. It would appear that the treater has address three of the four A's required. There is no discussion regarding aberrant drug seeking behavior, however, including urine toxicology, Cures and documentation of a pain contract. MTUS requires the four A's as well as "outcome measures" outlined as above. Recommendation is for denial and slow taper.