

<b>Case Number:</b>	CM14-0128767		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	07/12/2003
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Texas. 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:

Medical Records reflect the claimant is a 50 year old male with a work injury on 7-12-03 to the lumbar spine. On 6-23-14, the claimant is being treated with medications and reports the medications help reduce his pain. Prior office visits notes his pain is the same. The claimant had an epidural steroid injection on 6-17-14 which decreased his radicular pain 50% and decreased his lumbar spine down to 30%. Follow-up visit on 7-21-14, notes the claimant reports that his pain level has remained unchanged. On 8-18-14, the claimant reported that his pain has remained the same. He would like to know if he can have medications for some increased cramping and radicular pain in his legs. The claimant has a SCS in place. The claimant is being managed with medications and is attending a behavioral psychotherapy program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**Decision rationale:** Chronic Pain Medical Treatment guidelines and ODG reflects that ongoing use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) 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). Medical Records reflect this claimant has no decrease in pain levels with the use of medications. He remains with the same pain level. Furthermore, there is an absence in documentation noting functional improvement or that this claimant is being monitored for misuse or abuse in medications. The request is not medically necessary.