

<b>Case Number:</b>	CM14-0150517		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Emergency Medicine 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:

The injured worker is a 63 year old male who reported an injury on 06/29/2000. The mechanism of injury was not provided. He is diagnosed with lumbago. His past treatments included medications and activity modification. A urine drug screen, performed on 06/03/2014, revealed evidence of opiates. On 07/25/2014, it was noted that the injured worker's pain was controlled with his medications and activity modification. However, it was specified that he reported back pain, rated 7/10 with medications. His physical examination revealed tenderness to palpation and decreased range of motion of the lumbar spine. His medications included Norco and Ambien. The treatment plan included medication refills. A request was received for Norco 10/325mg QTY: 180 with 2 refills. The rationale was not specified. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY: 180 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; When to Discontinue; Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325mg QTY: 180 with 2 refills is not medically necessary. According to the California MTUS Guidelines, the ongoing use of opioids requires detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker was noted to have controlled pain with medications. However, his 07/25/2014 note showed that he reported a pain level of 7/10 with medication use. His pain level without medication use was not included. Additionally, a pain level of 7/10 represents severe pain, which contradicts the statement that his pain was "controlled." Therefore, clarification is needed regarding this conflicting information. There was also no recent documentation regarding the injured worker's functional status or adverse side effects with use of opioids. He was shown to have consistent results on a recent urine drug screen, but additional documentation addressing possible aberrant behaviors was not provided. In the absence of documentation showing sufficient pain relief and improved function, as well as the absence of side effects and aberrant behavior, the ongoing use of Norco is not supported. Additionally, the request, as submitted, failed to include a frequency of use. As such, the request is not medically necessary.