

<b>Case Number:</b>	CM14-0151998		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/19/1999
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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:

50 year old male injured worker with date of injury 7/19/99 with related low back pain. Per progress report dated 8/18/14, the injured worker complained of flare up of left sided failed back surgery syndrome related lumbar radicular pain limiting activity and sleep. Per physical exam, severe left greater than right lumbar tenderness and spasm were noted. Straight leg raising test was positive bilaterally. Decreased sensation was noted in the right L3-L5, and left L2-L4. Treatment to date has included physical therapy, surgery, and medication management. The date of UR decision was 8/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325 mg, 2-3 q.i.d., p.r.n. max 11/day #330 with 1 refill, outpatient, for chronic lumbar pain:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4s' (Analgesia, activities of daily living, adverse side effects, and any 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. "Per progress report dated 8/18/14, it was noted that the injured worker's current medication regimen helps him to better perform ADL's, walk, and sleep. His pain is reduced from 10/10 to 7/10 in intensity with the use of this medication. It is documented that UDS are consistent with prescribed medications. It was documented that no side effects resulted from current medications. The request is medically necessary.