

<b>Case Number:</b>	CM14-0155664		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/23/2010
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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, has a subspecialty in Interventional Spine 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 31 year old with an injury date on 4/23/10. Patient complains of low lumbar pain and pain in bilateral lower extremities, including numbness in both testicles and both legs and the toes of both feet per 8/18/14 report. The patient is "very anxious" due to his pain per 8/18/14 report. Based on the 8/18/14 progress report provided by [REDACTED] the diagnoses are: 1. chronic lumbar pain with multilevel degenerative disc disease 2. chronic bilateral lower extremity radicular symptoms 3. chronic headaches 4. chronic left knee pain from left knee sprain versus referred pain from lumbar spine versus intrinsic left knee injury 5. history of chronic right knee pain, probably from favoring left knee 6. history of rectal bleeding, with recurrence of rectal bleeding in November 2012 of unknown etiology 7. constipation related to medications in the past, intermittent 8. hypertension 9. s/p treatment for H. Pylori 10. gastroesophageal reflux, previously treated by primary care doctor 11. depression, previously treated by primary care doctor 12. anxiety associated with depression Exam on 8/18/14 showed "Limited L-spine range of motion with extension at 0 degrees." Patient's treatment history includes psychological treatments (cognitive therapy) and medication. [REDACTED] is requesting norco 10/325mg #120. The utilization review determination being challenged is dated 9/10/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/10/14 to 8/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78.

**Decision rationale:** This patient presents with lower back pain and bilateral lower extremities pain. The treater has asked for Norco 10/325mg #120 on 8/18/14. Patient has been taking Norco since 2/10/14 report. For chronic opioids use, MTUS Guidelines pages 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. In this case, the treater does not indicate a decrease in pain with current medications. There is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Therefore, the request is not medically necessary.