

<b>Case Number:</b>	CM14-0156262		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/24/2003
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 46-year-old female with date of injury of 04/24/2003. The listed diagnoses: 1. Failed back surgery syndrome. 2. Spinal cord stimulator. According to progress report 09/04/2014, the patient presents with continued low back pain, bilateral leg pain, and abdominal pain. The patient has a stimulator that she uses to help manage chronic pain and neuropathy, but finds the generator site to be painful. The patient has not had OxyContin for 3 months now and feels that her pain is less controlled without it. It was reported that patient "feels with the pain being less managed as she is much more sedentary, needs assistance getting dressed in the morning, [and] has difficulty performing ADLs." Examination revealed bilateral equal, within normal limits motor strength. There was diminished right lateral leg and left lateral calf sensory. The patient's medication regimen includes alprazolam 2 mg, cyclobenzaprine 10 mg, gabapentin 300 mg, Imitrex 50 mg, Norco 10/325 mg, ondansetron 4 mg, and Senna 50 mg. The treater is requesting a refill of Norco 10/325 mg #240. It was noted that the patient is permanently disabled and not working. Utilization review denied the request for Norco on 09/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 78, 88-89.

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting refill of Norco 10/325 mg #240. MTUS Guidelines pages 88 and 89 state, "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, activities of daily living (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 multiple progress reports, the patient feels that all medications are well tolerated and providing relief. The patient also reported that she needs assistance getting dressed and has difficulty performing ADLs without medications. In this case, although reports indicate that medications are providing pain relief and functional changes are discussed, the treater does not provide outcome measures or urine drug screens to monitor for medications as required by MTUS. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.