

<b>Case Number:</b>	CM14-0162799		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/18/2003
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 53 year old male who sustained an industrial injury on 08/18/2003. The mechanism of injury was not provided for review. His diagnoses include chronic low back pain, right lumbosacral radiculopathy, bilateral sacroiliitis, and facet joint arthritis. He continues to complain of low back pain that radiates to the right leg. The pain is described as constant and achy with intermittent sharp, shooting and stabbing pain. Physical exam reveals thoracic and lumbar paravertebral muscle spasm. There was dysesthesia to light touch in the right mid and lower thoracic paraspinal muscles. Tenderness was noted in the lumbar facet joints. Strength was 5/5 in the bilateral lower extremities. Treatment has included medical therapy with Norco 10/325, Tizanidine 4 mg, and Omeprazole. The treating provider has requested Norco 10/325 every 6 hours as needed #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 every 6 hours as needed #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

**Decision rationale:** The documentation indicates the injured worker has been treated with opioid therapy with Norco. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; and the duration of pain relief. Per the medical documentation, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for Norco 10/325 has not been established. Therefore, the requested treatment is not medically necessary.