

<b>Case Number:</b>	CM14-0170878		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 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 injured worker is a 48-year-old male with an injury date of 12/05/08. Based on the 10/01/14 progress report provided by [REDACTED] the injured worker complains of low back pain that radiates to his lower extremities. Physical examination to the lumbar spine revealed paravertebral muscle tenderness and spasm. Range of motion was restricted. Sensation was reduced in bilateral L5 dermatomal distribution. Straight leg raise test was positive bilaterally. Current medications include hydrocodone (Norco), Ketoprofen, Omeprazole, Lidoderm, Amrix, Oxycodone HCL and Tramadol. Based on AME report dated 07/17/17, injured worker has been ambulating with a cane for 4 years. His symptoms are relieved with medication. Injured worker is unable to stand for more than 10-15 minutes due to increase mid and low back pain. He has difficulty cooking and cleaning due to increased symptoms, however he is able to prepare meals. Injured worker is doing modified work. Diagnosis 10/01/14- lumbar radiculopathy- anxiety disorder, NOS- brachial neuritis or radiculitis NOS- chronic pain [REDACTED] is requesting Norco 10/325mg #120 X2 refills ( two tablets, 2X daily). The utilization review determination being challenged is dated 09/16/14. [REDACTED] is the requesting provider and he provided treatment reports from 09/02/14 - 10/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for Use of Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The injured worker presents with low back pain that radiates to his lower extremities. The request is for Norco 10/325mg #120 X2 refills (two tablets, 2X daily). His diagnosis dated 10/01/14 includes lumbar radiculopathy, anxiety disorder, brachial neuritis or radiculitis, and chronic pain syndrome. Per AME report dated 07/17/14, injured worker's symptoms are relieved with medication. He is unable to stand for more than 10-15 minutes due to increase mid and low back pain. He has difficulty cooking and cleaning due to increased symptoms, however he is able to prepare meals. According to MTUS, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, treating physician provides a general statement that injured worker's symptoms are relieved with medication. However, he does not state how Norco reduces pain and allows injured worker to undergo activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and adverse side effects, etc. Given the lack of documentation as required by MTUS, the request for Norco 10/325mg #120 x 2 refills is not medically necessary.