

<b>Case Number:</b>	CM14-0171258		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/11/2009
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/15/2014
<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 Family Medicine and is licensed to practice in Florida. 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 40-year-old male who sustained a lumbar injury on 01/11/2009. The mechanism of injury is not disclosed in the records provided. The most recent list of diagnoses is as follows: Lumbago, Sciatica, Radiculitis (lumbar/thoracic,) Fibromyalgia, and Disk herniation. A 9/22/2014 progress note is the most recent note provided. It states that the pt. has been having ongoing low back pain that radiates behind his right knee. The note states that the treating physicians felt that this was likely a sciatic nerve problem and a L4/L5 epidural injection has been recommended, but is still pending approval. Documentation does also indicate that an MRI impression seemed to support this position, but a copy of the MRI report is not provided. This note's physical exam mentions the following pertinent positives: "painful gait and antalgic gait, tenderness over midline and paraspinal thoracic and lumbar areas, AL joint line tenderness, Left knee with painful and decreased flexion and extension." This note observes that the patient has been doing well with his current pain medication schedule, and that "he is able to work and function" on it. He is on Naproxen 500 mg po BID and Norco 7.5 mg 1 tab po q 4hrs. In 08/2014 a urine drug screen was performed and the patient tested appropriately positive for opiates and no other substances. Another drug screen was provided from 05/2014 that also showed appropriate results. A 6/2/2014 progress note does state that the patient is able to "hold down a full time job." A utilization review physician did not certify this patient's Norco medication. Reasons cited for determining the case as not medically necessary include: "There is no documentation that UDS are performed to confirm compliance," and, "there is no documentation of objective measures of improved function with the continued use of this medication." Likewise, an independent medical exam has been requested regarding the medical necessity of the disputed Norco medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5mg-325mg tablet, 1 tablet PO, every 4 hours for 30 days as an outpatient:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Short Acting Opioids; regarding Norco.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 122-124.

**Decision rationale:** In accordance with California Chronic Pain MTUS guidelines for when to continue opiates, this patient's case meets criteria for continuing chronic opiate therapy. The MTUS states to continue opiates "if the patient has returned to work, and if the patient has improved functioning and pain." This patient is working a full time job. There is documentation that this medication has improved his pain and has improved his functioning by allowing him to function at his job. The MTUS guidelines also advise that a pain management contract be signed and that routine urine drug screens be performed. This patient has passed at least two drug screens this year that can be viewed in the provided documentation, and he does appear to likewise have a pain management contract with the prescribing pain management physician. MTUS guidelines also advise that a patient not be taking more than 120 morphine milligram equivalents per day. This patient's Norco at 7.5mg six times a day only adds up to 45 morphine milligram equivalents. Likewise, this medication request for Norco 7.5/325 mg tablets to be taken as 1 tablet every 4 hours for thirty days is considered medically necessary.