

<b>Case Number:</b>	CM14-0174861		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 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 (IW) is a 59-year-old woman who sustained a work related injury to her left knee, left elbow, head, and lower back on January 28, 2014. The mechanism of injury was not documented in the medical record. Pursuant to the September 18, 2014 progress note, the IW has complaints of low back pain with radiation into the right leg. She cannot lift more than 5 pounds and cannot stand longer than 3 hours. She is able to work and perform ADLs. Physical examination reveals lumbar spine tenderness. Straight leg raise is negative in both legs except for low back pain. Gait is normal. There is no weakness with heel toe walking. Tenderness over bilateral lumbosacral iliac junctions. Tender to palpation over bilateral lumbar paraspinals. Lower extremity motor is 5-/5. The provider states that the IW is taking more Norco for severe shoulder pain, but notes that he is only taking care of the lumbar spine. The provider documents that the IW received Dilaudid from another provider. The quantity and frequency is not known. The urine drug screen dated April 25, 2014 reveals Hydrocodone and Butabital. The Hydrocodone was expected but the Butabital was not. The positive result for the Butabital has not been accounted for. The IW has self-escalated the daily quantity of Norco for her shoulder pain. The IW is receiving opioids from at least 2 providers. The progress note dated September 18, 2014 indicated that the IW has been getting Norco 7.5/325mg #150 once a month, every month since March 29, 2014. Other medications include: Clonazepam, Prozac, and Bupropion. She takes Ibuprofen in the morning occasionally. Diagnoses include: Chronic pain syndrome, lumbago, spinal stenosis, and lumbosacral spondylosis, degeneration of the lumbar or lumbosacral intervertebral disc, and long-term (current) use of other medications. Treatment plan includes: Continue Norco 7.5/325mg, acupuncture (IW is not interested as she is afraid of needles), Opiate contract signed March 29, 2014, follow-up in 1 month.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill Norco 7.5mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criterial For Use of Opioids Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Long Term Opiate Use Page(s): 74-96.

**Decision rationale:** The guidelines mandate ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain; police reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief; and how long pain relief last. Satisfactory response to treatment may be indicated by the patients decrease pain, increased level of function or improved quality of life for domains were proposed as relevant for ongoing monitoring for chronic pain include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, documentation indicates the injured worker is receiving Dilaudid from another physician. The quantity and frequency of use are not known. A urine drug screen was ordered and perform. The drug screen revealed hydrocodone and Butalbital. Hydrocodone was expected. The positive results for butalbital has not been accounted for in the UDS. Additionally, the injured worker self-escalated the daily quantity of Norco for severe shoulder pain. The injured worker is exhibiting aberrant drug related behaviors by receiving opiates from at least two physicians which is not recommended by the medical guidelines. There is also a UDS (supra) which is reportedly inconsistent with the injured worker's medicines. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 7.5 mg #150 is not medically necessary.