

<b>Case Number:</b>	CM14-0176891		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	06/03/2008
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 New Jersey. 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 worker is a 48 year old female who was injured on 6/3/2008. She was diagnosed with lumbago, lumbosacral spondylosis, myalgia and myositis, disorders of sacrum, and lumbar radiculitis. She was treated with opioids, anti-epileptics, epidural injection, and surgery (lumbar). On 9/8/14, the worker was seen by her pain management physician complaining of her low back pain and leg pain rated at 8/10 on the pain scale while taking Norco 10/325 mg (up to 7 daily) and Lyrica use. She reported not yet starting aquatic physical therapy, which was recently approved for her. She was then recommended to continue her Norco as previously used as well as her other medications as previously used and follow through with additional physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Norco 10/325mg number three hundred (300): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that

for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not sufficient documentation showing this review was performed at the time of the request for renewal of Norco. There was no evidence to show clear measurable benefit with function or pain reduction with its use, as this was not documented in the progress note. Therefore, without this documented review of evidence of benefit, the Norco is considered not medically necessary.