

<b>Case Number:</b>	CM14-0178477		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	12/20/2001
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 claimant is a 54 year old male injured worker with date of injury 12/20/01 with related low back pain. Per progress report dated 10/9/14, the injured worker complained of low back pain that radiated to the left and right leg, rated 5/10 with medications, 9/10 without. The pain was characterized as aching and burning. Physical exam findings included facial grimace, pain and spasm of the bilateral erector spine musculature, loss of lumbar lordosis, decreased lumbar range of motion with pain, tenderness of the right sciatic notch, positive lumbar orthopedic testing, use of a cane, diminished gait, and decreased muscle strength in the left lower extremity. Treatment to date has included physical therapy and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,91.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four

domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors) the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review indicates that the injured worker's medication regimen reduces his pain from 9/10 to 5/10 and per 9/10/14 progress report; it improves his functionality, allowing him to do his chores as he lives alone in his apartment. He is able to continue his daily walks. Per the latest progress report dated 10/9/14, it was noted that since the last visit his pain level had decreased moderately. He showed no evidence of developing medication dependency, no medication abuse was suspected. Opioid contract, [REDACTED] report, yearly LFT's, and random urine toxicology screens were performed to monitor compliance. I respectfully disagree with the UR physician's assertion that the documentation did not contain evidence supporting the ongoing use of this medication. The request is medically necessary.