

<b>Case Number:</b>	CM14-0036565		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/27/2000
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 & Rehabilitation, 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 64-year-old male who reported an injury on 12/27/2000. On 03/10/2014, the injured worker presented with pain to the bilateral legs, neck, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral hips, bilateral knees and bilateral back. Current medications include, Norco, Ambien, and Kadian. Upon examination there was no deformity or scoliosis noted over the thoracic or lumbar spine, and there was no device used for ambulation. The lumbar spine motor strength and sensory exams were within normal limits. The diagnoses were back pain, lumbar with radiculopathy bilateral, degenerative disc disease of the lumbar spine, insomnia and anxiety, and shoulder pain, bilaterally. Treatment included, medication, physical therapy, and a prior lumbar spine epidural steroid injection. The provider recommended Norco and Kadian. The provider's rationale was not provided. The Request For Authorization was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg tablets #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use of Opioids.

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

**Decision rationale:** The request for Norco 10/325 mg tablets, with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the injured worker has been prescribed Norco since at least 03/2014. The efficacy of the medication was not provided. The provider's request does not indicate the frequency of the medication and the request as submitted. As such, the request is not medically necessary.

**Kadian 30mg capsules #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use of Opioids.

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

**Decision rationale:** The request for Kadian 30mg, capsules #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation to pain relief, functional status, appropriate medications use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the injured worker has been prescribed Kadian since at least 03/2014, the efficacy of the medication was not provided. The provider's request does not indicate the frequency of the medication and the request as submitted. As such, the request is not medically necessary.