

<b>Case Number:</b>	CM14-0040225		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 46-year-old female who has submitted a claim for lumbar spine radiculopathy, lumbar degenerative disc disease, lumbosacral spondylosis without myelopathy, and lumbar disc disorder; associated with an industrial injury date of 04/09/2003. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 7-8/10, radiating to the right leg and pelvic area. Pain is graded 9/10 without medications. Patient also notes 50% improvement in sitting, standing, walking, lifting, household chore, and work tolerance. Physical examination showed that patient had an antalgic gait. Tenderness was noted in the bilateral lumbar paravertebral regions at the L4-L5 and L5-S1 levels. Range of motion of the lumbar spine was restricted. DTRs were normal. Motor and sensory examination was normal. Treatment to date has included medications, aquatic therapy, physical therapy, weight loss program, and spinal cord stimulator trial. Utilization review, dated 03/28/2014, modified the request for Norco because the patient exceeded the recommended morphine equivalents per day, and there was no indication of recent urine drug testing or documentation of decreased pain scales as a result of taking the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10 mg 325 tablets 224 tablets 4 times a day 28 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 13, 23, 78-92, and 105.

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

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and 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. In this case, patient has been prescribed Norco since at least 2010. The medical records submitted for review show that there was pain reduction associated with medication intake, as well as 50% improvement in activities of daily living. There were no adverse side effects reported. Urine drug screening, dated 03/13/2014, was consistent with prescribed medications. The criteria for ongoing opioid therapy were met. Therefore, the request for NORCO 10 MG 325 TABLETS 224 TABLETS 4 TIMES A DAY 28 DAYS is medically necessary.