

<b>Case Number:</b>	CM14-0043318		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 57 year old male who reported an injury on 07/23/2001 due to an unknown mechanism of injury. The injured worker complained of constant pain in his back radiating down both legs. On 02/24/2014 the physical examination revealed limited range in the lower back. He can flex forward 30 degrees, extension 5 degrees with right sided back pain. His deep tendon reflexes are +1 at the knees and ankles and his toes are downing to plantar reflex bilaterally. The injured worker reported 50 percent functional improvement with activities of daily living with the medication. The MRI revealed disc degeneration at L2-L3 The injured has a diagnoses of lumbar DJD, carpal tunnelsyndrome, and knee cartilage tear. The past treatment included lumbar discogram on 06/25/2013. The injured worker was on the following medications butrans pain patch, flexeril 10mg, Lyrica 75mg, Norco 10/325mg, and Mobic 15mg. The current request is for 1 prescription of Norco 10/325mg #60. The rationale was not submitted for review. The request for authorization form was dated 12/03/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid  
Page(s): 74-78.

**Decision rationale:** The request for 1 prescription of Norco 10/325mg #60 is non-certified. The injured worker has a history of severe back pain, and multilevel disc disease. The CA MTUS guidelines state in regards to opioids, that there must be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. It is recommended for ongoing monitoring that the 4 A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. Although, the documentation stated that the injured worker had 50 percent of functional improvement while taking the opioid, additional information is required. There is lack of documentation of least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief last. In addition, there is no documentation of the frequency and duration of the proposed medication. Therefore, the request for 1 prescription of Norco 10/325 mg #60 is non-certified.