

Case Number:	CM14-0045708		
Date Assigned:	07/02/2014	Date of Injury:	01/17/2000
Decision Date:	08/20/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/14/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 01/17/2000. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be medications, home exercises, transcutaneous electrical nerve stimulation, and a back brace. His diagnoses are noted to be lumbar strain, intermittent insomnia, right hip pain, and gastroesophageal reflux with symptomatology related to NSAID use. The injured worker had a clinical evaluation on 06/02/2014. His current complaints were noted to be low back pain with radiating pain to the hips and buttocks; more on the right than the left, gastrointestinal upset with medication use. He had right hip pain, likely radicular pain from the low back since the MRI of 08/29/2012 did not show any significant internal derangement. The physical examination noted slight spasms of the paralumbar muscles, more on the right than the left. Active range of motion was 60% of normal for flexion, 80% of normal for extension, 80% of normal for right lateral flexion, and 80% of normal for left lateral flexion. The straight leg raise test was positive to the right at 80 degrees in the sitting position, producing right posterior hip and thigh pain. It was negative to the left. The recommendation was for Norco and continuing of the TENS unit. The provider's rationale for the request was provided within the documentation. A request for authorization for medical treatment was not provided with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco one tablet 4 x a day as needed, up to #120 tablets per month, for intense lower back pain, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006; ACOEM-
[http://www.acoempracguides.org/Low Back](http://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders Physician's Desk Reference, 68th ed.; www.RxList.com; ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; [Drugs.com](http://www.Drugs.com); Epocrates online, www.onlineepocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator-AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request is for Norco, 1 tablet 4 times a day as needed, up to 120 tablets per month, for intense low back pain, as an outpatient. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (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. The clinical documentation should include 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation provided for review dated 04/30/2014 does not provide a pain rating, any efficacy with use of Norco, any side effects, or a recent urine drug screen. In addition to lack of an adequate pain assessment, the provider's request failed to indicate a dosage for Norco. Therefore, the request for Norco, 1 tablet 4 times a day as needed, up to 120 quantity tablets per month, for intense low back pain as an outpatient is not medically necessary.