

<b>Case Number:</b>	CM14-0049040		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/11/1997
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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:

According to the records made available for review, this is a 79-year-old male with a 4/11/97 date of injury. At the time (2/18/14) of the request for authorization for 1 Norco 10/325 mg 3 to 4 tabs per day for lumbar spine pain, as an outpatient, there is documentation of subjective (low back pain that radiates to the left and right legs) and objective (scoliosis noted in the thoracic spine, kyphosis with loss of normal lordotic curve in the lumbar spine, paraspinal musculature tenderness, tone is decreased, palpation of the lumbar facets reveals pain on both the sides of L3-S1 region, there are hyperirritable spots with palpable nodules in taut bands noted, decreased lumbar spine range of motion, positive facet loading pain bilaterally) findings, current diagnoses (facet spondylosis, lumbar), and treatment to date (medication including ongoing treatment with Norco). There is no documentation that the prescriptions are from a single practitioner and are taken as directed. The lowest possible dose is being prescribed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Norco 10/325 mg 3 to 4 tabs per day for lumbar spine pain, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids Page(s): 60, 74. Decision based on Non-MTUS Citation

Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed, McGraw Hill, 2006.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain and displacement of lumbar intervertebral disc without myelopathy. In addition, there is documentation of ongoing treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for 1 Norco 10/325 mg 3 to 4 tabs per day for lumbar spine pain, as an outpatient is not medically necessary.