

<b>Case Number:</b>	CM14-0071998		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 38 years old male with an injury date on 08/22/2012. Based on the 04/23/2014 progress report provided by [REDACTED], the diagnoses are musculoligamentous strain of the cervical spine, spondylosis radiculopathy; musculoligamentous strain of the lumbar spine, lower extremity radiculopathy; myofasciitis; 6-mm left posterolateral disc herniation and mild to moderate left neural foraminal stenosis and minimal central canal stenosis at L5-S1 level. According to this report, the patient complains of neck and lower back pain. The pain is rated as an 8/10. The patient has difficulty with prolong standing, sitting, heavy lifting and driving for long distance. Tenderness noted over the cervical and lumbar paraspinals muscle with +2 muscle spasms. Decreased sensation was noted over the C7 and L5-S1 dermatomes. Positive straight leg raise was noted. Lumbar range of motion is decreased. There were no other significant findings noted on this report. [REDACTED] is requesting Norco 5/325mg, 1 BID #30. The utilization review denied the request on 04/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/25/2013 to 04/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg 1 BID #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for Use of Opioids; Opioids for chronic pain Page(s): 76-78; 60-61; 88-89; 80-81.

**Decision rationale:** According to the 04/23/2014 report by [REDACTED] this patient presents with neck and lower back pain. The pain is rated as an 8/10. The provider is requesting Norco 5/325mg, 1 BID #30. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Also, MTUS page 78 requires documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors). Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Review of reports show no mentions of Norco and it is unknown exactly when the patient initially started taking this medication. The reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. There were no discussions regarding any functional improvement specific to the opiate use. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of Norco. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.