

<b>Case Number:</b>	CM14-0082379		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/04/2007
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Occupational Medicine 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 58-year-old male who has submitted a claim for closed fracture associated with an industrial injury date of January 4, 2007. Medical records from 2013 to 2014 were reviewed. The patient complained of low back, left hip, and buttock pain radiating down the left leg. Pain was rated 8/10. Physical examination showed tenderness over the left lumbar facet column, left SI joint and greater trochanter; positive Faber's test; positive pelvic tilt, left hip lower than right; decreased motor strength of the left lower extremity at 3/5; and decreased sensation over the lateral calf. The diagnoses were left sciatic nerve injury and lumbar facet pain. Treatment plan includes a request for Norco refill, which was taken as far back as December 2013. Treatment to date has included Celebrex, Cymbalta, Lunesta, Norco, Soma, Cialis, tizanidine, and physical therapy. Utilization review from May 19, 2014 denied the request for Norco 10/325mg take 1 every 4 hours as needed #120 to allow one refill for the purpose of weaning to discontinue. Long-term opioid therapy is not recommended. The medical records do not establish that continued use of opiates has resulted in return to work or decreased pain and functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg take 1 every 4 hours as needed #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, intake was noted as far back as December 2013. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, medical records do not show that urine drug screens were performed. Likewise, current work status was not mentioned. The guideline requires documentation of functional and pain improvement, monitoring for aberrant drug-taking behavior, and return to work for continued opioid use. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Norco 10/325mg take 1 every 4 hours as needed #120 is not medically necessary.