

<b>Case Number:</b>	CM14-0167696		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	09/17/2011
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67 year old male who sustained an industrial injury on 9/17/11. The injured worker was diagnosed as having low back pain, lumbago, lumbar thoracic radiculitis, and myofascial pain syndrome/fibromyalgia. Currently, the injured worker was with complaints of lower back pain. Previous treatments included medication management. The injured workers pain level was noted as 8/10. Physical examination was notable for cervical and lumbar spine tenderness, decreased flexion and extension, and sacroiliac joint tenderness. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150 refill: 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** Based on the 06/02/14 progress report provided by treating physician, the patient presents with pain to low back, right gluteus, knee, leg and ankle. The request is for NORCO 10/325MG #150 REFILL: 1. RFA with the request not provided. Patient's diagnosis on 06/02/14 includes lumbago low back pain, knee pain joint pain, and ankle pain joint. Physical examination on 06/02/14 revealed tenderness to lumbar facet joints and decreased flexion, extension and lateral bending. Tenderness to joint line of right knee and positive McMurray's test. Tenderness noted to left ankle. Treatment to date included imaging and electrodiagnostic studies, physical therapy, chiropractic, lumbar ESI, and medications, per 03/11/14 report. Patient's medications include Norco and Anaprox. The patient is not working, per 08/04/14 report. Treatment reports were provided from 03/11/14 - 08/04/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no before and after pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." Urine drug screen report dated 08/05/14 provided, but no opioid pain agreement or CURES reports. There are no specific discussions regarding aberrant behavior, ADLs, etc. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Furthermore, MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.