

<b>Case Number:</b>	CM14-0171047		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/01/1999
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 58-year-old male with a low back injury of 11/1/99. He underwent a lumbar fusion from L4-S1. He complains of chronic low back pain with associated muscle spasms. He has been taking Norco, cyclobenzaprine and tramadol. Requests for renewal of Norco have been non-certified. An appeal was also noncertified by utilization review citing MTUS chronic pain guidelines. This has now been appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5/325 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-95.

**Decision rationale:** According to chronic pain guidelines opioids appear to be efficacious but limited for short-term pain relief and long term efficacy is unclear for chronic back pain but also appears limited. For chronic lumbar root pain antidepressants and anticonvulsants are the first line recommendations. The documentation does not indicate a trial of antidepressants and anticonvulsants for pain control. Norco is subject to the same rules as other opioids. There is no

pain contract documented. Ongoing management should include prescriptions from a single practitioner and all prescriptions from a single pharmacy, the lowest possible dose should be prescribed to improve pain and function, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, and 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. The 4 A's of ongoing monitoring: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be documented. 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 patient should keep a pain diary that includes entries such as pain triggers and incidence of end dose pain. Use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control, documentation of this use of medications, continued review of overall situation with regard to non-opioid means of pain control. To avoid misuse a pain contract is recommended. Limitation of prescribing and filling of prescriptions to 1 pharmacy and frequent random urine toxicology screens are suggested. The available documentation does not include the guideline requirements for opioid use. Based upon the above, the request for Norco 2.5/325 is not supported and the medical necessity is not established.