

<b>Case Number:</b>	CM14-0197947		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, 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 64-year-old female who has submitted a claim for chronic pain syndrome, lumbar facet joint arthropathy, lumbar radiculopathy, and lumbar spine degenerative disc disease associated with an industrial injury date of 7/1/2010. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities associated with paresthesia. She reported no pain relief from use of Norco. Aggravating factors included cold, activity, standing, sitting and walking. Physical examination showed painful range of motion, generalized paralumbar tenderness, positive straight leg raise test bilaterally and normal motor strength of lower extremities. Treatment to date has included home exercise program, use of a TENS unit, physical therapy, gabapentin, Norco (since at least August 2014), and Lexapro. The utilization review from 11/18/2014 denied the request for Norco 10/325 mg #90 as prescribed on 11/11/14 because of no supporting evidence of objective functional benefit with medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325MG #90 as prescribed on 11/11/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. 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. In this case, the patient was prescribed Norco since at least August 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg #90 as prescribed on 11/11/14 is not medically necessary.