

<b>Case Number:</b>	CM14-0199014		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 and Rehabilitation 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 60 year old male with date of injury 10/5/09. The treating physician report dated 10/22/14 (87) indicates that the patient presents with severe pain affecting the back with radiation into legs bilaterally. The patient complains of severe muscle spasms in back as well. The physical examination findings reveal a limited range of motion of the lumbar spine, forward flexion is 30 degrees and extension is 5 degrees with back pain. Right and left SLRs are both 80 degrees, causing left-sided back pain, but non-radiating. Palpation reveals muscle spasm with loss of lordotic curvature in the lumbar trunk. Prior treatment history includes prescribed medications, epidural injections and a home exercise regimen. Current medications include Norco, Neurontin and Voltaren gel. MRI findings reveal multilevel DJD, facet arthrosis, disc herniation at L4-5 causing bilateral impingement on the exiting L5 nerve roots with severe facet arthrosis. The current diagnoses are: 1. Thoracolumbar sprain/strain2. History of lumbar sprain/strain3. L3-L4 disc herniation causing impingement on the left L3 nerve root4. History of hypertension and peptic ulcer diseaseThe utilization review report dated 11/4/14 denied the request for 1 prescription of Norco 5/325mg #60 based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 5/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid  
Page(s): 74-96.

**Decision rationale:** The patient presents with severe pain affecting the back with radiation into legs bilaterally. The current request is for 1 prescription of Norco 5/325mg #60. The treating physician report dated 10/22/14 states that the patient's current medications keep him functional and improve his pain level. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). Reports provided show the patient has been taking Norco since at least 03/3/14. The report dated 10/22/14 notes that the patient's pain has decreased from 10/10 to 4/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The treating physician documents that the patient reports a 50% reduction in pain and 50% functional improvement with daily activities of daily living while on current medication. The patient is under a narcotic contract with the treating physician's office and all urine drugs screens have been appropriate. The continued use of Norco has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. Therefore, 1 prescription of Norco 5/325mg #60 is medically necessary and appropriate.