

<b>Case Number:</b>	CM14-0201046		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	08/12/2010
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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, has a subspecialty in Interventional Spine 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 34 year old male with the injury date of 08/12/10. Per physician's report 11/10/14, the patient has lower back pain, radiating down his legs bilaterally. The patient had a hardware removal surgery on 09/30/13. The patient states "Norco is helpful and he is well tolerated." "He is able to walk 20 minutes longer with the help of his medications." The patient has tried H-wave and Tens unit at home. The patient rates his pain as 8-9/10 without medications and 5-6/10 with medications. The patient is currently taking Norco, Gabapentin, Gralise and Eszopiclone. The lists of diagnoses are:1) Postlaminectomy syndrome, lumbar region2) Lumbar radiculopathy3) Lumbar degenerative disc disease4) Chronic pain syndrome5) Muscle pain6) Paresthesia7) Insomnia due to mental condition Per 10/13/14 progress report, the patient rates his pain as 8-9/10 without medications and 6-7/10 with medications. The patient is taking Norco, Gabapentin and Eszopiclone. The patient had utilized Norco 6 tablets a day prior to his surgery. The patient now takes Norco 3-4 tablets a day. The treater wants to discontinue Gabapentin because it made him drowsy. "The patient continues to feel that medications help control [his] pain and increased function. [He] can perform increased ADLs with medications. [He] deny any significant side effects with the medications. There is no aberrant behavior. [He] has signed an opioid contract with our office." Per 09/15/14 progress report, "the goal of Norco is to treat the acute and chronic components of the patient's pain." Per 05/12/14, the patient will "decrease his Norco 10/325mg from #180 a month before his surgery to #90. He would like to stay at three a day for a little while before continuing to wean off of his opioids." The utilization review determination being challenged is dated on 11/14/14. Treatment reports were provided from 04/09/14 to 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDSMedications for chronic pain Page(s): 88-89, 76-78; 60-61.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremities. The request is for NORCO 10/325mg #120. The patient has been utilizing Norco prior to 09/30/2013. Regarding chronic opiate use, MTUS guidelines page 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 4A's (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. In this case, there is documentation of a pain contract. But there is no discussion drug screens, CURES and other behavioral documentations. The treater states that "[the patient] can perform increased ADLs with medications. [He] deny any significant side effects with the medications. There is no aberrant behavior." While the treater documents increased ADL's, there are no specifics provided to determine whether or not significant improvement has been achieved. General statements that ADL's improved are inadequate documentations to show significant functional improvements. There is lack of analgesia documentation with before and after pain scales. Given the lack of adequate documentation of the four 4As (analgesia, ADLs, adverse side effects, and adverse behavior) specifically related to Norco, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.