

<b>Case Number:</b>	CM14-0202068		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/19/2014
<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, 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 47 year old female with date of injury 4/9/03. The treating physician report dated 11/06/14 (116) indicates that the patient presents with pain affecting the low back and right pelvic area. Patient describes the pain as sharp, shooting and throbbing accompanied by numbness. The physical examination findings reveal tenderness in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 levels. Range of motion of the lumbar spine is restricted. Extension and bilateral rotation of the lumbar spine is positive for back pain. Prior treatment history includes a rod implantation/explanation of the left femur, a spinal cord stimulator trial x2, an injection in the back and left buttock, medial branch blocks of the lumbar spine and prescribed medications of Theramine, Dulcolax, Lyrica, Ambien, Tizanidine, Fioricet, OxyContin, venlafaxine, Norco, Nucynta, Effexor, fentanyl, Topamax, and tramadol . The current diagnoses are: 1. Lumbosacral spondylosis without myelopathy 2. Degenerative disc disease, lumbar 3. Lumbar disc disorder The utilization review report dated 11/17/14 denied the request for Norco 10/325 mg, two tablets four times a day as needed for 28 days, # 224 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:

**Norco 10/325 mg, two tablets four times a day as needed for 28 days, # 224:** Overturned

**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): 74-96.

**Decision rationale:** The patient presents with pain affecting the low back and right pelvic area. The current request is for Norco 10/325 mg, two tablets four times a day as needed for 28 days, # 224. The treating physician report dated 11/6/14 states the patient is being prescribed medications at the lowest possible dose with the goal of reduction in pain and improvement in functional level to the point where she is capable of independent activities of daily living. 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 prescribed Norco since at least 4/10/14. The report dated 11/6/14 documents that the patient notes a 30% improvement in her pain and functioning with the use of current medications. Only minor adverse effects including constipation and fatigue were documented. The constipation is currently being treated with a prescription of Dulcolax. No adverse behavior was noted by patient. The patient's ADL's have improved such as the ability to perform household chores including cooking and cleaning. The patient's last urine drug screen and CURES reports were consistent and the physician has a signed opioid agreement on file. Furthermore, the physician has expressed that the ultimate goal is to reduce the patient's overall opioid use and slowly wean down on this medication once the patient has successfully weaned down on OxyContin. The continued use of Norco has improved the patient's symptoms, made the attempt to wean down on OxyContin possible 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 this request is medically necessary.