

<b>Case Number:</b>	CM14-0203967		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Pain Medicine 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 injured worker is a 49 year old female with a date of injury as 10/15/2010. The worker was injured when she attempted to pick up a box off the floor from a sitting position. The current diagnoses include lumbago with radiculopathy, sacral radiculopathy, and SI joint pain. Previous treatments include multiple medications, activity modifications, chiropractic treatment, and physical therapy. Primary treating physician's reports dated 05/19/2014 through 12/11/2014, Agreed Medical Evaluation dated 06/02/2014, and urine drug testing date 06/16/2014 and 11/10/2014 were included in the documentation submitted for review. Report dated 12/11/2014 noted that the injured worker presented with complaints that included lumbar area and sacroiliac area pain. The pain was described as aching, burning, stabbing, tearing, throbbing, spasming and shocking pain going down her legs. The physician noted that the injured worker has attempted weaning in the past but this increased the pain, suffering, and decreased functional capacity. Physical examination revealed positive straight leg raise on the right with radiculopathy down the right leg, positive compression test to the right SI joint, tenderness to palpation at L3-L5 and the SI joints bilaterally, and positive patricks test on the right. The physician noted that the injured worker notes substantial benefit from the medications, but benefits were not explained in detail. The utilization review performed on 11/20/2014 non-certified a prescription for Norco based on no documentation to support symptomatic or functional improvement. The injured worker is currently not working. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Norco 10/325mg #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. While pain relief was documented, improvement in function was not clearly outlined. This is especially important in a patient who is not working. There is no clear documentation of specific functional gains from opioids. Other domains are well documented. There was documentation of urine drug screen (UDS) in November 2014, and previous urine drug testing was normal. There is specific documentation of no aberrant behavior or no side effects from medications. This in accordance with an updated progress note from December 2014. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.