

<b>Case Number:</b>	CM14-0204979		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	03/26/2006
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 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 54 year old male with date of injury 3/26/06. The treating physician report dated 11/21/14 (29) indicates that the patient presents with "cramps, pain, headaches, rash and breathing problems." The physical examination findings reveal that patient is allergic to Tylenol #4. He developed a rash on arms. Some portions of the handwritten physician's report are illegible. The physician states that the patient has been off of all pain meds for three days and has been "unable to function at all." Prior treatment history includes medication, MRI, CT, EMG and left L5-S1 discectomy. MRI findings reveal fibrosis at the laminectomy site. The current diagnosis is lumbosacral neuritis. The utilization review report dated 11/26/14 denied the request for 150 tablets of Norco 10/325 mg between 11/21/14 and 1/05/15 based on lack of medical necessity being established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**150 tablets of Norco 10/325mg between 11/21/2014 and 1/5/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, Specific Drug List, and Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89.

**Decision rationale:** The patient presents post L5-S1 discectomy with "cramps, pain, headaches, rash and breathing problems" that patient states is an allergic reaction to Tylenol #4. The current request is for 150 tablets of Norco 10/325 mg between 11/21/14 and 1/05/15. The treating physician states that the patient has been off all pain meds for three days and has been "unable to function at all." For chronic opiate use, MTUS Guidelines pages 88 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 4As (analgesia, activities of daily (ADLs), adverse side effects, and aberrant 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. The pain is described as on average 7-8/10 and pain with medications is 6-7/10 whereas pain without medications is 10/10. In this case, the treating physician has not provided documentation as to the 4As and pain assessment. Most of the reports provided were handwritten and partially illegible. No urine drug screen or pain contract has been provided in the records for review. Medical necessity for chronic opiate use has not been established. Therefore, this request is not medically necessary.