

<b>Case Number:</b>	CM14-0207793		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 29 year old female with date of injury 8/15/11. The treating physician report dated 11/07/14 was referenced in the utilization report but was not included in the documentation provided; therefore, the treating physician report dated 10/10/14 (55) was referenced. This report indicates that the patient presents with pain affecting the low back. The physical examination findings reveal a midline scar over the lower lumbar area. SLR positive right at 45 degrees on right. Moderate tenderness over right SI joint, moderate to severe tenderness right lumbar facet joint, range of motion limited due to pain. Extension at 10 degrees produces pain on lumbar area. Prior treatment history includes medication, MRI. MRI findings reveal L5-S1 broad central protrusion is increased but still results in at most mild canal narrowing. The current diagnoses are: 1.Failed back surgery syndrome2.Lumbar radiculopathy3.Lumbar facet arthropathy4.Sacroiliac joint dysfunction, left5.Facet arthropathy, lumbar, left6.Lumbar discogenic spine pain7.R/O sacroiliac joint dysfunction, rightThe utilization review report dated 11/13/14 (19) denied the request for Norco 10/325 mg #120 based on insufficient documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 with low back pain. The current request is for Norco 10/325 mg #120. The treating physician states that the patient receives functional relief with current medication regimen. Two urine drug screens are provided in the documentation that show compliance with medications. The MTUS guidelines state "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, 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." In this case, the treating physician has not provided a measurement of function using a numerical scale or validated instrument. The treating physician documents the patient's pain rating but does not include a measurement after taking the opioid, also there are no specific functional improvements or increases in ADLs documented to support ongoing opioid usage. Therefore, this request is not medically necessary.