

<b>Case Number:</b>	CM15-0008231		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/26/1999
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 73 year old male sustained an industrial injury on 4/26/99, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine (3/2007) showed facet arthropathy at L2-L3. In a PR-2 dated 11/25/14, the injured worker complained of low back pain that could be as high as 7/10 on the visual analog scale. With medications (Norco) the injured worker reported that the pain drops by over 50% to about 3/10, allowing him to stay functional, doing odd jobs for friends. Work status was retired. Objective findings included difficulty arising from a seated position, stiffness and some muscle spasms in the lumbar paraspinal region and tenderness across the lumbosacral junction and throughout the thoracolumbar region. Current diagnoses included history of L-2 compression fracture, history of open reduction internal fixation of left hip, right knee pain and erectile dysfunction secondary to chronic pain medication. The treatment plan included continuing medications (Norco and Viagra) and obtaining a urine drug screen. On 12/24/14, Utilization Review modified a request for Norco 10/325 mg, 450 count to Norco 10/325 mg, 408 count, complained of citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 450 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #450 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing mobile use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured workers working diagnoses are history of L2 compression fracture; history of ORIF left hip; right knee pain; and erectile dysfunction, secondary to chronic pain medications. Subjectively, the injured worker complains of low back pain (7/10). With medication the pain dropped to 3/10. Objectively, there is a stiffness and muscle spasm in the lumbar paraspinal region with tenderness across the lumbosacral junction and throughout the thoracolumbar region. The documentation states the treating physician prescribe Norco 10/325 mg for back is June 27, 2012 (the earliest progress note). This is likely a refill and, as a result, the start date is unclear. The documentation does not contain evidence of objective functional improvement as it relates to Norco to gauge efficacy. There is no risk assessment in the medical record and there is no detailed pain assessment in the medical record. Consequently, absent documentation with evidence of objective functional improvement and detailed pain assessments and risk assessment, Norco 10/325 mg #450 (three month supply) is not medically necessary.