

<b>Case Number:</b>	CM15-0130081		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/02/1974
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 76-year-old male who sustained an industrial injury on 12/2/74. The mechanism of injury was unclear. He currently complains of low backache. He has poor sleep quality. His pain level and activity level are unchanged (per 12/8/14 note but no prior information available for review as to the specifics). On physical exam of the lumbar spine, there was decreased range of motion, positive straight leg raise on the right side sitting at 30 degrees. Medication was Norco, which was helpful with pain. A urine toxicology screen done 5/22/14 was inconsistent with prescribed medications. Diagnoses were lumbar spine degenerative disc disease; chronic back pain. Treatments to date include multiple transforaminal right lumbar epidural steroid injections from 2006-2013 with up to 50% relief of symptoms; lumbar epidural steroid injection (10/22/14) with a few days of 30% relief; physical therapy without benefit. The progress note available for review was dated 12/8/14 in which the treating provider requested Norco 10/325 mg as needed for pain #180 and cited functional benefit from medications with improved capability for daily household tasks. On 6/30/15 Utilization Review evaluated a request for Norco 10/325 mg #42.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 42: Upheld**

**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): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of 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 non-adherent) drug related behaviors. These domains have been summarized as the "4A's" (Analgesia, activities of daily living, adverse side effects, and any 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." Per progress report dated 12/8/14, it was noted that the injured worker was able to lift 10-15lbs, walk 5 blocks, sit 60 minutes and stand 30 minutes, perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately 30 minutes at a time with medications. Without medications, the injured worker was able to lift 5lbs, walk 1 block or less, sit 30 minutes and stand 15 minutes or less. Without the medication, he can perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for less than 10 minutes at a time. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS cited was dated 5/22/14 and was positive for Norco and positive for Percocet (Percocet was not prescribed). CURES was appropriate. Absent appropriate UDS, medical necessity cannot be affirmed.