

<b>Case Number:</b>	CM15-0131139		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 45 year old male who sustained an industrial injury on 5/12/14. The injured worker was diagnosed as having chronic intractable axial lower back pain and left leg pain, lumbar spondylosis at L5-S1 with retrolisthesis at L5-S1 with severe left L5 foraminal stenosis and lumbar instability. Currently, the injured worker was with complaints of intractable lower back pain with radiation to the bilateral lower extremities. Previous treatments included status post anterior lumbar discectomy and interbody fusion with instrumentation at L5-S1 (May 2015), oral pain medication, cognitive behavioral therapy, physical therapy, chiropractic treatments and injection therapy. Previous diagnostic studies included a magnetic resonance imaging and radiographic studies. The injured work status was noted as "remain off work". The injured workers pain level was noted as 5/10 in the left leg and 8/10 in the back. Physical examination was notable for ambulating with a single point cane, lumbar range of motion limited, pain with lumbar extension and lateral bending, straight leg raise positive for left leg pain, diminished pinprick sensation in the L5 and S1 dermatomes. The plan of care was for Norco 10 milligrams quantity of 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going 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 4 A'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. Review of the available medical records reveals no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Urine drug screen dated 5/19/15 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, this request is not medically necessary.