

<b>Case Number:</b>	CM15-0131784		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/28/1999
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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 57-year-old male, who sustained an industrial injury on 08/28/1999. He has reported injury to the low back. The diagnoses have included low back pain; lumbar degenerative disc disease with annular disc tear at L3-4, L4-5, and L5-S1; lumbar facet arthrosis; mid-thoracic back pain; spondylosis with myelopathy, thoracic region; and past chronic cervical sprain and strain. Treatment to date has included medications, diagnostics, heat, ice, TENS (transcutaneous electrical nerve stimulation) unit, trigger point injections, epidural steroid injections, chiropractic therapy, physical therapy, and home exercise program. Medications have included Norco, Methadone, Restoril, Valium, and Ibuprofen. A progress report from the treating provider, dated 06/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of chronic low back pain; inability to stand for prolonged periods or extend his back without severe pain; his pain level today is 4-5/10 on the pain scale with medications; his pain level would be 10/10 without medications; he has numbness in the bilateral feet and intermittently in the bilateral legs; the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within a manageable level to allow him to complete necessary activities of daily living; and he is unable to take non-steroidal anti-inflammatory agents because of gastrointestinal distress. Objective findings included stiff gait; some tenderness over the mid-thoracic area; tenderness and spasm across the lumbosacral region; restricted flexion and lateral bending of the lumbar spine; unable to extend; left leg dysesthesia; and left foot hypoesthesia. The treatment plan has included the request for Norco 10/325 quantity 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Acetaminophen; 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 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 '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." Review of the available medical records reveals insufficient documentation to support the medical necessity of Norco nor sufficient documentation addressing the '4A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document 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. Per progress report dated 6/18/15, the injured worker rated his pain 4-5/10 with medications and 10/10 without. He stated that his medication regimen kept his pain within a manageable level and allowed him to complete necessary activities of daily living. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The UDS reports submitted for review was from 2010 and did not indicate the presence of this medication. CURES report was not available. With regard to medication history, the documentation indicates that the injured worker has been using this medication since at least 11/2014. Absent UDS reports affirming appropriate medication usage, the request is not medically necessary.