

<b>Case Number:</b>	CM15-0142236		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/22/2002
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 3-22-2002. The mechanism of injury is unclear. The injured worker was diagnosed as having history of left sided lumbar lumbosacral disc protrusion, status post laminectomy and discectomy with left lumbar radiculitis. Treatment to date has included medications, low back surgery. The request is for Norco. On 2-19-2015, he reported he is working regular work duties. He indicated medications help in keeping him functioning at home and work. He reported Butrans and Norco to be effective, and indicated Norco to be helpful for breakthrough pain not covered by Butrans. He rated his current pain 8 out of 10 without medications and indicated he can sit for 5 minutes and stand for 10 minutes. He reported with medications his pain is 4 out of 10 and he can sit and stand for 30 minutes. On 6-30-2015, he reported continued back pain with radiation down the lower extremities. He reported having difficulty obtaining authorization for Norco. Norco is noted to help him greatly by improving his pain and functional status, along with the use of Relafen and Zanaflex. Physical examination revealed tenderness in the low back region along with a positive straight leg raise test bilaterally. He also had multiple trigger points in the low back area. The treatment plan included: Norco, Butrans, continuing home exercise program, and follow up in one month. His work status is unclear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90:** Overturned

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

**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 '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." Per progress report dated 6/4/15, the injured worker reported his pain without medications was 8/10, he could only sit for 5 minutes and stand for 10 minutes, he could only walk for maybe 1 block, and he could only vacuum maybe 1 room. With medications his pain is about 4-5/10, he can sit or stand for 30 minutes at a time, he can walk 1/2 mile, and he can vacuum 3-4 rooms. He has a pain management agreement on file. It is noted that that the treating physician has the capability of performing urine drug screens in his office, and that the injured worker also gets a drug screen every few months at his work. With medications he is able to perform his work without significant difficulties. He is also able to play with his grandchildren better and for a longer duration. I respectfully disagree with the UR physician's assertion that the documentation submitted for review does not support ongoing opiate therapy. The request is medically necessary.