

<b>Case Number:</b>	CM15-0144687		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	11/22/1996
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on 11-22-1996. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar stenosis, neurogenic claudication, lumbar disc disorder, shoulder joint pain and chronic regional pain syndrome of the upper extremity. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 7-8-2015, the injured worker complains of generalized pain and low back pain, rated 8-9 out of 10. Physical examination showed lumbar spasm and tenderness in the lumbar 4-5 and lumbar 5-sacral 1 and restricted lumbar range of motion. The treating physician is requesting Norco 10-325 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the. The current request is for Norco 10/325mg #120. The treating physician states in the report dated 7/9/15, "Norco 10mg-325mg tablet 1 four times a day PRN for 30 days" (22B) the treating physician also documents that the patient rates their pain as an 8-9/10 but medication reduces that pain. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.