

<b>Case Number:</b>	CM15-0167749		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	08/18/1997
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 (IW) is a 38-year-old male who sustained an industrial injury on 08-18-1997. Diagnoses include lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included medications, home exercise program and epidural steroid injections. According to the progress notes dated 8-10-2015, the injured worker reported lower backache rated 8 out of 10 with medications and 9 out of 10 without them. He complained of increased muscle spasms. He also reported poor sleep. He stated his activity level had increased, his medications were working well and there were no side effects to report. He continued to work. On examination, range of motion of the lumbar spine was limited and facet loading was negative bilaterally. There was tenderness and a tight muscle band noted in the paravertebral muscles on the right and in the buttock area. Straight leg raise in a sitting position was positive on the right. There was motor weakness in the right lower extremity compared to the left and some sensory loss as well. Knee and ankle reflexes were 1 out of 4 on the right and 2 out of 4 on the left. The treatment plan included continuing current medications, adding Lorzone for trial treatment of spasms, urine drug screen and epidural steroid injections. Medications included Lunesta, Naprosyn, OxyContin, Soma and Norco. It was noted his CURES report on 8-10-15 was consistent and appropriate. A request was made for Norco 10-325mg, #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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**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 "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 neither insufficient documentation to support the medical necessity of Norco nor sufficient 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 functional status improvement, 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 7/13/15, it was noted that the injured worker rated his pain without medications 9/10, and 8/10 with medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 7/14/15 was positive for Hydrocodone, which was consistent, and positive for gabapentin, which was not prescribed. It was negative for oxycodone and carisoprodol, which were prescribed. CURES was reviewed 7/13/15. As MTUS recommends discontinuing opioids if there is no overall improvement in function, and pain relief provided by the current medication is minimal, the request is not medically necessary.