

<b>Case Number:</b>	CM15-0183482		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 male who sustained an industrial injury on 3-1-12 when his body was jarred causing his back to pop with resulting low back injury. He has not worked since 3-23-12 per 5-19-15 note. Medical records indicate that the injured worker is being treated for status post lumbar fusion surgery x2 (1012 and 2013) with residuals. He currently (8-11-15) complains of pain in the lumbar spine. On physical exam of the lumbar spine there was decreased range of motion, positive Laseque's bilaterally, positive straight leg raise bilaterally with pain elicited in the L5-S1 dermatome distribution, facet joint tenderness at L3, L4, L5; hypoesthesia of the foot and ankle. Per the 5-19-15 note his pain level was 9 out of 10. He has difficulty with carrying, pushing, standing, lifting, driving and sleeping. His symptom of low back pain has remained unchanged from 12-15-14 through 8-11-15. Treatments o date include surgeries; activity modification; application of hot and cold packs; medication to date: Voltaren XR, Ultram, Norco, Prilisec, Ambien, Zanaflex, topical creams; physical therapy. He has been on Norco since at least 12-15-14. On 8-26-15 Utilization review non-certified the request for Norco 10-325mg #120 based on no indication of the exact functional response to Norco and no indication of how compliance was being monitored.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid section.

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

**Decision rationale:** The patient presents post lumbar fusion surgery x2 (2012 & 2013) with residuals. Current complaints are specific to pain in the lumbar spine. The injured worker has not worked since 3/23/12. The patient has been treating with Norco since at least 12/15/14. The utilization review dated 8/26/15 non-certified the request for Norco based on "no indication of the exact functional response to Norco and no indication of how compliance was being monitored." The current request is for Norco 10/325mg, #120. The treating physician states in the treating report dated 8/11/15 (3D), "Treatment Plan: We will refill the medications including, Norco 10/325 mg #120 1 tablet Q4-6H PRN for moderate pain." For chronic opiate use, 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 4As (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, there is no discussion regarding analgesia, ADLs, adverse side effects. There is documentation of a UDT 6/30/15 (25B) and a Pain Management Agreement dated 5/19/15 (23B) however, there is no documentation of a 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. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.