

<b>Case Number:</b>	CM15-0185283		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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

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 66 year old female who sustained an industrial injury on 08-01-2011. Current diagnoses include lumbar disc degeneration, lumbar disc displacement, lumbar facet arthropathy, lumbar spinal stenosis, spondylolisthesis-lumbar, sacroiliac joint arthropathy, low back pain, lumbar radiculopathy, and sciatica. Report dated 09-09-2015 noted that the injured worker presented with complaints that included chronic low back pain and lower extremity pain. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination performed on 09-09-2015 revealed tenderness in the lumbar spine and sacroiliac joint bilaterally and right lower extremity discomfort, decreased sensation in the right lower extremity. Previous treatments included medications and chiropractic care. The treatment plan included continuing Norco, follow-up with primary treating physician, and recheck in 4 weeks. Request for authorization dated 09-09-2015, included requests for Norco and a follow up appointment. The utilization review dated 09-14-2015, non-certified the request for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg (unspecified qty): 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents on 09/09/15 with lower back pain and lower extremity pain rated 8/10. The patient's date of injury is 08/01/11. The request is for Norco 10/325mg (unspecified Qty). The RFA is dated 09/09/15. Physical examination dated 09/09/15 reveals tenderness to palpation of the L3 through S1 facets, bilateral SI joints, and right lower extremity "discomfort" in the L5-S1 dermatomal distribution. Neurological exam reveals decreased sensation in the right lower extremity along the L4 and L5 dermatomal distributions. The patient is currently prescribed Norco. Patient's current work status is not provided. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the request for the continuation of Norco, the physician has failed to specify the amount to be provided to the patient. Only one progress note, dated 09/09/15 was provided for review, with the associated RFA. There is discussion of medication efficacy, dosing interval (1 P.O. Q8HRS), and a lengthy discussion regarding difficulties obtaining urine drug screening to monitor compliance. However, neither the progress note nor the RFA include the number of tablets to be provided to the patient. Without such information, the request cannot be substantiated. The request is not medically necessary.