

<b>Case Number:</b>	CM15-0185330		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/14/1998
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<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 64 year old male who sustained an industrial injury on 03-14-1998. Current diagnoses include lumbar degeneration disc disease. Report dated 08-17-2015 noted that the injured worker presented with complaints that included back pain with numbness in the lower extremities. Pain level was 3 (with medications) and 6 (without medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-17-2015 was documented as "neurologic function unchanged". Previous diagnostic studies included x-rays of the lumbar spine and left elbow, and MRI of the lumbar spine. Previous treatments included medications, surgical intervention, medial branch block, and epidural injections. The treatment plan included an analgesic block. Request for authorization dated 08-27-2015, included requests for Norco. The utilization review dated 09-02-2015, modified 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 10/325 mg Qty 720:** 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 was injured on 03/14/98 and presents with back pain with numbness in the lower extremities. The request is for Norco 10/325 MG QTY 720. The RFA is dated 08/27/15 and the patient's current work status is not provided. It is unclear when the patient began taking this medication, as none of the reports mention Norco. Treatment reports are provided from 03/16/15 to 08/17/15. 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." MTUS, opioids for chronic pain section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The 08/17/15 report states that the patient rates his pain as a 3/10 with medication and a 6/10 without medication. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrates medication efficacy nor are there any discussions provided on adverse behavior / side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco is not medically necessary.