

<b>Case Number:</b>	CM15-0189206		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/24/2010
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 44 year old female, who sustained an industrial injury on 1-24-2010. The injured worker is undergoing treatment for: sacroiliitis, sciatic nerve lesion, disc degeneration, lumbosacral spondylosis without myelopathy. On 6-10-15 and 7-30-15, she reported low back pain with radiation down the leg, tingling over the right toes, weakness of the right hip and numbness of the right leg. Her pain level is reported to remain unchanged from her last visit. Her activity level is reported as remaining the same. She is reported as not undergoing therapy or any form of exercise. She stated her pain medications are helping and there are no side effects. Physical findings revealed a normal gait, tenderness in the low back and positive lumbar facet loading on the right and painful range of motion. There is also tenderness and decreased right hip range of motion. The records do not discuss the efficacy of Norco, or a current functional status. There is no discussion of a current narcotic pain agreement. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (9-21-15), x-ray of the bilateral hip (9-21-15), blood work (7-20-15), medications, multiple physical therapy sessions, TENS unit, multiple chiropractic sessions, multiple acupuncture sessions, urine drug screen (6-10-15). Medications have included: Omeprazole, Norco, Cymbalta, and Neurontin. The records indicate she has been utilizing Norco since at least December 2013, possibly longer. Current work status: not documented. The request for authorization is for: Norco 5-325mg quantity 60. The UR dated 8-25-2015: non-certified Norco 5-325mg quantity 60; and certified Omeprazole 20mg quantity 30, Cymbalta 30mg quantity 30, and Neurontin 300mg two times per day quantity 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5.325mg #60:** 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 current request is for NORCO 5.325MG #60. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (9-21-15), x-ray of the bilateral hip (9-21-15), medications, multiple physical therapy sessions, TENS unit, multiple chiropractic sessions, multiple acupuncture sessions, urine drug screen (6-10-15). The patient work status was not addressed. 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." Per report 07/30/15, the patient reported low back pain with radiation down the leg, tingling over the right toes, weakness of the right hip and numbness of the right leg. Physical findings revealed a normal gait, tenderness in the low back and positive lumbar facet loading on the right and painful range of motion. There is also tenderness and decreased right hip range of motion. The treater requested refill of medications. The patient has been prescribed Norco since 2013. Report 06/15/15 states that medications help keep the pain level under control and the patient is able to perform her daily activities easier than without medications. On 07/30/15, the treater reported that the patient is taking medications as prescribed, with no side effects. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Norco significantly improves the patient's activities of daily living with specific examples of ADL's. Furthermore, there is no documentation or discussion regarding aberrant drug behavior. In this case, the treater does not discuss all the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary and the patient should be weaned per MTUS.