

<b>Case Number:</b>	CM15-0208346		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	03/10/2004
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 is a 45 year old male, who sustained an industrial injury on 03-10-2004. A review of the medical records indicates that the worker is undergoing treatment for lumbar herniated disc protrusion with left lower extremity radiculopathy, status post IDET-nucleoplasty and decompression at L4-L5 and L5-S1, medication-induced gastritis and reactionary depression and anxiety. Treatment has included Norco (since at least 02-25-2015), MS Contin, Lyrica, physical therapy, epidural injections, transcutaneous electrical nerve stimulator unit and L4-L5 and L5-S1 decompression. Urine drug screens on 02-25-2015 and 07-10-2015 were noted to be positive for THC but there was no indication that the worker was prescribed medicinal marijuana. Subjective complaints (07-10-2015) included left leg pain radiating to the toes that was rated as 6.5 out of 10. Objective findings (07-10-2015) were notable for lumbar spinal, paraspinal and facet tenderness and tenderness at L4-S1. On 07-10-2015, the physician noted that the injured worker had failed multiple conservative treatments including multiple medication trials for greater than six months without benefit. Subjective complaints (09-11-2015) included low back pain that was not rated. Pain ratings before and after the use of Norco were not provided, the duration of pain relief was not documented and the average pain was not documented. Objective findings (09-11-2015) included tenderness to palpation of the lumbar musculature bilaterally with increased muscle rigidity, numerous trigger points and decreased range of motion with obvious muscle guarding. The physician noted that Norco would be continued. A utilization review dated 09-24-2015 non-certified a request for Norco 10-325 mg 2 tablets three times a day #180.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 2 tablets three times a day #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**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 ongoing 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 nonadherent) 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 no documentation to support the medical necessity of Norco or any 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 pain relief, functional status improvement, appropriate medication use, 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. 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, morphine, and THC. The documentation does not indicate that the injured worker was using medicinal marijuana, as such; this represents a breach of opiate contract. Furthermore, as MTUS recommends discontinuing opioids if there is no overall improvement in function, therefore is not medically necessary.