

<b>Case Number:</b>	CM15-0027057		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/13/2001
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Internal Medicine

### 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 49 year old male who sustained an industrial injury on 09/13/2001. Current diagnoses include lumbar intervertebral disc without myelopathy. Previous treatments included medication management. Report dated 12/15/2014 noted that the injured worker presented with complaints that included constant severe pain in the lower back with radiation to his left leg down to his left knee. Pain level was rated as 6-7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The physician noted that the injured worker refused his urine drug test. There was no previous urine drug screenings included for review. Current medication regimen was not provided for review. Utilization review performed on 01/27/2015 non-certified a prescription for Norco, based on the guidelines recommend discontinuation when there is aberrant behavior. The reviewer referenced the California MTUS and ACOEM in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. 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 aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for low back conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for low back conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The primary treating physician's progress report dated 12/15/14 documented subjective complaints of low back pain with a diagnosis of lumbar intervertebral disc disorder. The patient is able to do household chores. The patient is able to drive one hour. The patient works twenty-eight hours a week. Objective findings were documented. The patient is alert and oriented speech is intact. Mood and sensory are intact. Gait is normal. Coordination is grossly intact. There is tenderness at L4 spine level. Range of motion is limited. The patient refuses to take urine drug test. MTUS and ACOEM guidelines do not support the request for Norco 10/325 mg. Therefore, the request for Norco 10/325mg #90 is not medically necessary.