

<b>Case Number:</b>	CM15-0212130		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	06/14/2013
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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:

This 58-year-old male sustained an industrial injury on 6-14-13. Documentation indicated that the injured worker was receiving treatment for multilevel lumbar degenerative disc disease with spondylosis and cervical degenerative disc disease with protrusions. Previous treatment included lumbar discectomy with decompression, cervical fusion, physical therapy, acupuncture, epidural steroid injections and medications. The injured worker underwent C5-6 hardware removal and fusal exploration, C6-7 fusion and C4-5 discectomy on 7-7-15. In a PR-2 dated 9-23-15, the injured worker presented for a pain management evaluation. The injured worker reported that he had two or three days worth of pain medications left from his recent cervical surgery. The injured worker complained of lumbar spine pain with right radiculopathy. The injured worker reported limited activities of daily living and numbness of bilateral extremities and shortness of breath while sleeping due to pain. Physical exam was remarkable for lumbar spine with diffuse tenderness to palpation, restricted lumbar range of motion: flexion 30 degrees and extension 10 degrees, tenderness to palpation at bilateral lumbar facets with positive facet loading, straight leg raise and right Faber's test. The physician noted that the injured worker exhibited pain behaviors including extremely slow movements, facial grimacing and frequent shifting of posture or position. The physician stated that the injured worker was not a candidate for epidural steroid injections due to a history of diabetes mellitus and blood glucose elevation following previous injections. The injured worker was stable on low dose Norco. In a PR-2 dated 10-6-15, the injured worker complained of pain rated 10 out of 10. The injured worker stated that he had been unable to fill his prescriptions with subsequent increased pain and poor function. Physical

exam was unchanged. The injured worker was requesting that this physician manage his medications now. The treatment plan included requesting authorization for Norco (prescribed since at least 3-26-15). On 10-15-15, Utilization Review noncertified a request for Norco 10-325mg #90 with two refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg 1 tab q 4-6 hours prn pain, #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.