

<b>Case Number:</b>	CM15-0032715		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 53 year old male, who sustained an industrial injury on December 17, 2007. The diagnoses have included herniated lumbar disc and radiculitis. Treatment to date has included chiropractic therapy, acupuncture, epidural steroid injections and diagnostic studies. Currently, the injured worker complains of ongoing low back pain with radiculopathy into the bilateral lower extremities. The injured worker reports that he his symptoms are aggravated with prolonged sitting, standing and walking. He complains of pain in the neck, which is aggravated with turning the head to the sides. On examination, his lumbar spine range of motion is flexion 50 degrees, extension 20 degrees, lateral bending right and left at 20 degrees. His right and left straight leg raise is +75 degrees. There is tightness and spasm in the lumbar paraspinal musculature and he has hypoesthesia along the anterior lateral aspect of the foot and ankle. His cervical spine range of motion shows limitations and a foraminal compression test is positive. On February 9, 2015 Utilization Review non-certified a request for Norco 10/325 mg, noting that this is a chronic condition and noting that there is a lack of documented functional improvement with ongoing use of opioids and no documentation to support efforts to wean the medication. The California Medical Treatment Utilization Schedule was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for NORCO 10/325MG, QUANTITY UNSPECIFIED. The patient is currently taking Norco, Anaprox and Prilosec. The patient has been utilizing Norco since at least 08/08/14. Regarding chronic opiate use, MTUS guidelines page 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 page 78 also requires documentation of the 4A's --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 guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater has addressed urine drug screenings on 01/07/14, 08/08/14, 10/01/14, 11/05/14 and 12/03/14. But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. The request IS NOT medically necessary.