

<b>Case Number:</b>	CM15-0035802		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/08/2008
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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, Hawaii

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 52 year old male who sustained an industrial injury on 01/08/2008. Current diagnoses include chronic low back pain status post lumbar laminectomy/discectomy and degenerative disc disease. Previous treatments included medication management and lumbar surgery. Report dated 12/19/2014 noted that the injured worker presented with complaints that included ongoing chronic low back pain with radicular symptoms. Physical examination was positive for abnormal findings. Utilization review performed on 01/27/2015 non-certified a prescription for Norco, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS 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 10/325 #150:** 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 Opioids Page(s): 74-94.

**Decision rationale:** The patient presents with chronic low back pain and some radicular symptoms. The current request is for Norco 10/325 #150. The treating physician states, "Examination reveals generalized tenderness and spasm in the lumbosacral spine. There is diminished strength in the left leg and great toe. There is mildly positive straight leg raise bilaterally which causes back pain." (B.68) There is no further discussion of the current request in the reports submitted for review. For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, there is no documentation as to pain levels or functional improvement. There is also no documentation stating any decreased pain, improved ADLs, or any adverse effects or behaviors. The current request is not medically necessary and the recommendation is for denial.