

<b>Case Number:</b>	CM15-0035851		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	11/01/1999
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/29/2015
<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

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 49 year old female, who sustained an industrial injury on 11/01/1999. She has reported subsequent back pain and was diagnosed with lumbago and myofascial pain syndrome. Treatment to date has included oral and injectable pain medication. In a progress note dated 12/08/2014, the injured worker complained of low back pain. No objective physical examination findings were documented. A request for authorization of Norco refill was made. On 01/29/2015, Utilization Review non-certified a request for Norco, noting that the documentation didn't provide detailed objective or quantifiable data related to pain or activities of daily living . MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The patient presents with low back pain rated at 6/10. The request is for NORCO 10/325MG #90. The request for authorization is dated 01/20/15. The medication allows patient to experience less pain and be more active from day to day performing activities of daily living which improves quality of life. There are no adverse effects or aberrant drug seeking behaviors. The patient's medications include Loratadine, Methadone, Naproxen, Norco and Baclofen. The patient's work status is not provided. MTUS Guidelines pages 88 and 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 4As -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 p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 01/19/15, treater's reason for the request is the "Medication provided effective pain relief." The patient is prescribed Norco since at least 07/08/14. Per progress report dated 01/19/15, treater documents, "There are no adverse effects or aberrant drug seeking behaviors." However, MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. Furthermore, there is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.