

<b>Case Number:</b>	CM15-0038768		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 50 year old male, who sustained an industrial injury on 2/14/14. On 3/02/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of continued pain in the neck, low back pain that radiates down to the left lower extremity. The diagnoses have included disc degeneration/annular tear; lumbar spinal stenosis; cervical strain; depression; sprains/strains of other and unspecified parts of back. Treatment to date has included physical therapy; medications. Diagnostic studies include MRI Lumbar spine (6/25/14 and 2/20/15); x-ray lumbar spine (2/14/14). A Utilization Review was completed on 1/30/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, sixty count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The patient presents with continued pain in the neck, low back pain that radiates down to the left lower extremity. The current request is for Norco 10/325 mg, sixty count. Norco contains a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid pain medication. The treating physician states on 1/21/15 (9B) that, "The patient will be provided with a new prescription for Norco 10/325 mg 1 p.o. BID #60 as this appears to be the lowest possible dose he can wean down to. I do not recommend any additional weaning at this time. The patient continues to meet the four 'A's of pain management care, provides random urine drug screens and has a pain contract on file." For chronic opiate use, 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 aberrant 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. In this case, the treating physician and the UR note the patient continues to meet the 4 'A's and pain assessment requirements. The patient has been weaning down from Norco with a pill count of 120 in December to a prescription count of 60 currently. The UR Denial dated noted that no drug screen or drug contract had been submitted. The clinical history notes both have been provided as of 1/21/15. Therefore, the current request is medically necessary and the recommendation is for authorization.