

<b>Case Number:</b>	CM15-0042438		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	12/12/2005
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 52 year old male who sustained a work related injury December 12, 2005. Past history includes low back pain, radiculopathy and post laminectomy syndrome. According to a primary treating physician's progress note, dated February 9, 2015, the injured worker presented for follow-up with complaints of low back pain, rated 7/10 and left hip pain, rated 8/10. He stated he is not able to sleep due to pain and has been out of his medication for 7 days. The physician further documents the medication is providing 40-50% relief of pain, improving sleep and range of motion. Objective findings included range of motion limited due to pain and wearing a back support (the physician's note is handwritten and some language is not identified by this reviewer). Assessment is documented as post laminectomy syndrome. Treatment plan included urine test performed and request authorization for Norco 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 120:** 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 low back pain, rated 7/10. The request is for NORCO 10/325 MG QUANTITY 120. Physical examination to the lumbar spine on 12/01/15 revealed tenderness to palpation. Range of motion was limited in all planes. Straight leg raising test was positive. Patient ambulates with a cane. Patient had one lumbar ESI on 05/08/14 with minimal pain relief. Per 05/22/14 progress report, patient's diagnosis include low back pain, post laminectomy syndrome, and radiculitis. Per 12/22/14 progress report, patient's medication includes Norco. Patient is permanent and stationary. 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." In progress report dated 02/09/15, treater states that Norco provides 40-50% pain relief. Patient has received prescriptions for Norco from 04/24/14 and 02/09/15. Per 10/23/14 progress report, patient has no side effects from the medication. However, treater has not stated how Norco improves patient's activities of daily living. The 4A's are not appropriately addressed, as required by MTUS. There are no discussions regarding, aberrant behavior, specific ADL's, etc. No USD reports, CURES or opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.