

<b>Case Number:</b>	CM15-0046958		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/24/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

December 24, 2011. The injured worker previously received the following treatments Norco, Gabapentin, Clopidogrel, Hydralazine, lumbar nerve blocks, lumbar facet radiofrequency ablation and walker. The injured worker was diagnosed with facet arthropathy lumbar, numbness, tingling of the lower extremities without worsening polyneuropathy, gait instability, abnormal posture with right side-bending of lumbar, morbid obesity, discogenic lumbar pain, disorder of sacrum severe pain, disorder of coccyx secondary to fall, coccydinia and abnormal posture with mild loss of lumbar lordosis and guarding of the lower back. According to progress note of February 10, 2015, the injured workers chief complaint was pain that varied from day to day. The medication was the only thing that helped the pain. The injured worker was unable to function without pain medication. The injured worker was having frustration due to pain medication not being approved. The physical exam noted the injured worker had a slight stooping ion posture of the low back. The injured worker used a walker for ambulation. The injured worker had decreased range of motion of the lumbar spine. There was moderate tight band, severe spasm, moderate hypertonicity and moderate tenderness along the bilateral lumbar. There was moderate tenderness along the sacral spine. There was moderate tenderness of the S1 joint on bilateral sides. There was tenderness of the coccyx with palpation with hyperesthesia, hyperpathia and allodynia to pin prick and light touch with radiation along the coccygeal nerves. The treatment plan included a prescription of Norco on February 10, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 78, 91.

**Decision rationale:** I respectfully disagree with the UR physician. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the most recent progress note dated February 10, 2015 indicates that there is an objective decrease in pain with usage of Norco as well as increased ability to function and perform activities of daily living. Side effects were also discussed and there was no noted concern for aberrant behavior. Considering this, the request for continued usage of Norco is medically necessary.