

<b>Case Number:</b>	CM15-0047368		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/06/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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:

The injured worker is a 49 year old female, who sustained an industrial injury on a continuous trauma basis from 8/6/03 to 5/19/04. She reported low back pain. The injured worker was diagnosed as having lumbar 3-4 disc herniation, L5-S1 disc herniation, and chronic low back pain with right lower extremity subjective radiculopathy. Treatment to date has included a TENS unit, massage, physical therapy, epidural lumbar injections, chiropractic treatment, and medication. L3-4 decompression, microdiscectomy and microforaminotomy on 7/12/07 were also noted. A MRI obtained on 11/8/05 was noted to have revealed a lumbar 3-4 herniating disc with protrusion and disc degeneration at L3-4 and L5-S1. Currently, the injured worker complains of lumbar spine pain. Worsening acid reflux, elevated blood pressure, and poor sleep quality were also noted. A physician's report noted physical therapy was not helpful. The treating physician requested authorization for Norco 5/325mg #75 and Fioricet 50/325/40mg #10. The mediations were noted to be beneficial with intended effect at the prescribed dose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325/mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 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 available medical records reveals no insufficient documentation to support the medical necessity of Norco or sufficient documentation addressing the 4 A's domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. While it is noted that Norco was beneficial with the intended effect at the prescribed dose; no specifics with regard to the aforementioned domains was provided. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**Fioricet 50/325/40mg #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesics Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic agents Page(s): 23.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines with regard to barbiturate-containing analgesic agents: "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." "As the request is not recommended by the MTUS, the request is not medically necessary.