

<b>Case Number:</b>	CM15-0056046		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	07/11/2000
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 64 year old female who sustained a work related injury on July 11, 2000, incurring low back injuries after bending and picking up books. She was diagnosed with lumbar degenerative disc disease and displacement lumbar intervertebral disc without myelopathy. Treatment included physical therapy, pain medications, muscle relaxants and epidural steroid injections. Currently, the injured worker complained of persistent lower back pain with radiation to the lower extremities. The treatment plan that was requested for authorization included a prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #224:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

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

**Decision rationale:** Per the 02/12/15 report the patient presents with lower back pain radiating to the bilateral legs. The current request is for NORCO 10/325mg #224. Hydrocodone, an opioid. The RFA is not included. The 02/25/15 utilization review modified this request from #224 to #168 for weaning purposes. The patient is working part-time. 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. The reports provided for review show the patient is a long-term user of opioids and has been prescribed Norco since before 06/06/14. The requesting physician, [REDACTED], states on 02/12/15 that the patient receives 90% pain relief from her current pain regimen, which includes: Norco, Duragesic, Flexeril and Lidoderm topical. This report further states the patient has been stable on this medication regimen and has been able to increase function and that without medications she would be unable to continue the current activity level. The 02/06/15 pain management report by [REDACTED] states pain is 10/10 without medications and 5/10 with. The Oswestry disability index is referenced showing a score of 44 or severe disability and the McGill short form is referenced showing a total pain rating index of 12 with evaluative overall intensity of pain experience as 3. The patient is noted to be working part time, adverse side effects are discussed, the patient has been counseled on the risks and benefits of opioid use, and there is no evidence of adverse behavior. In this case, the 4A's have been documented as required by the MTUS guidelines. The request IS medically necessary.