

<b>Case Number:</b>	CM15-0085347		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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, 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 54-year-old male, who sustained an industrial injury on 10/13/2010. The current diagnosis is low back radiculopathy. According to the progress report dated 4/3/2015, the injured worker complains of constant low back pain with radiation to the left lower extremity associated with numbness and tingling. The pain is rated 8-9/10 on a subjective pain scale. The physical examination of the lumbar spine reveals tenderness to palpation. There are palpable spasms along the paravertebral muscles, bilaterally. Straight leg raise test is positive on the left. The current prescriptions are for Ambien, Ativan, Norco, Prednisone, and Omeprazole. Treatment to date has included medication management, physical therapy, home exercise program, TENS unit, acupuncture, pool therapy, cortisone injections, nerve blocks, and Toradol injection. The plan of care includes 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 quantity 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78; 43; 74; 86; 80; 91; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. In fact, the patient still has a low functional level and has no clear functional improvement attributed to narcotic pain medicines. Although there is evidence of pain score reduction and aberrant behavior monitoring, the lack of functional improvement makes the Norco inappropriate for continuation. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.