

<b>Case Number:</b>	CM15-0087474		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/13/2005
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 73 year old male who sustained a work related injury May 13, 2005. According to a primary treating physician's progress report, dated March 27, 2015, the injured worker presented with continuing low back pain which radiates down his left leg with numbness and tingling. He is currently taking Norco (1) tablet 2-5 times/day and Motrin 3 times/day for pain and inflammation. He rated his pain 5-6/10 with use of medication and 8-9/10 without medication. With medication, there is improvement with ability to sit, stand, walk, and sleep. Diagnosis is documented as strain/sprain of the lumbar spine with significant degenerative disc disease with 0.5 x 1.0 cm at L4-L5. Treatment plan included to continue home exercise, Motrin, and at issue, request for authorization for Norco 10/325mg QTY: 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty: 120.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The criteria for ongoing pain management with opioid medication are met. It appears he is receiving the prescription from one practitioner. It is apparent that the lowest possible dose to improve pain and function is being prescribed based on the pain scale showing reduction in pain and improvement in function but not complete resolution of pain. The dose has recently been decreased. There was ongoing assessment of analgesia in which benefit was reported, monitoring for side effects of which there were none, assessment of physical and psychosocial functioning, and monitoring for aberrant drug taking behavior for which no evidence was found. There was continued review of the overall situation in regards to non-opioid means of pain control including use of Motrin. The frequency of monitoring which was every 8 weeks was appropriate. The worker was being supplied with a 2 month prescription at the visits which was appropriate. Criteria to discontinue opioids were not met and these would include no overall improvement in function or decrease in function, intolerable side effects, resolution of pain, non-adherence, patient request to discontinue, illegal activity, inconsistent findings, or repeated violations of the pain contract. The documentation was adequate to support the lack of criteria to discontinue. The criteria to continue opioids include return to work which is not expected in this case since he is of retirement age. A second criterion which is fulfilled is improved functioning and pain.