

<b>Case Number:</b>	CM14-0147909		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/24/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 43years old male with an injury date on 05/24/2007. Based on the 06/10/2014 progress report provided by [REDACTED], the diagnoses are:1. Lumbar DDD, status post L5-S1 micro laminectomy and micro discectomy2. Chronic low back pain3. Bilateral sciatic pain with exam suggestive of left L5 sensory radiculopathy4. Pain-related insomnia5. Situational depression and anxiety, severe, with some suicidal ideation6. Urinary leakage incontinence, possibly neurogenicAccording to this report, the patient complains of chronic low back pain,urinary incontinence, insomnia, and depression. Pain is rated as a 6-7/10 without medications and 4/10 with medications. The patient noted approximately 30% reduction of back pain and radicular symptoms with the use of Norco and Lyrica. "The benefit of Norco only seems to last the patient for 3-4 hours." Tenderness is noted at the left lower abdominal regions extending into the left inguinal region and bilateral lumbar paraspinals regions. Decreases sensation to light touch in the L3, L4, and L5 dermatomes of the left lower extremities was noted. The 03/26/2014 report indicates the patient has "40% reduction in pain, spasm, radicular symptoms with the use of medications." The patient is able to standing or walking for 10 minutes with the use of medications. Without medication the patient can tolerance such activities for approximately 5 minutes. Pain is rated as a 7/10 without medications and 4/10 with medications. There were no other significant findings noted on this report. The utilization review denied the request on 08/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/26/2014 to 07/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #150 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter Opioids, criteria for use

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids in musculoskeletal pain Medications for chronic pain ; Criteria for the use of.

**Decision rationale:** According to the 06/10/2014 report by [REDACTED] this patient presents with chronic low back pain, urinary incontinence, insomnia, and depression. The treater is requesting Norco 10/325mg, #150 with 1 refill. For chronic opiate use, 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. Norco was first mentioned in the 03/26/2014 report; it is unknown exactly when the patient initially started taking this medication. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain, with and without medications. Some ADL's are discussed and some outcome measures are provided. However, no aberrant drug seeking behavior is discussed, and no discussion regarding side effects. None of the reports discuss the patient's work status, or return to work attributed to use of Norco. There was no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.

**Calcium Magnesium and Zinc Calcium oral tabs, #30 with 2 refills:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.medicinenet.com/calcium\\_carbonate/article.htm](http://www.medicinenet.com/calcium_carbonate/article.htm)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

**Decision rationale:** According to the 06/10/2014 report by [REDACTED] this patient presents with chronic low back pain, urinary incontinence, insomnia, and depression. The treater is requesting Calcium Magnesium and Zinc Calcium oral tabs, #30 with 2 refills. The utilization review denial letter states "the medical records do not identify the patient's calcium, magnesium, and zinc levels are currently deficient to indicate the need for supplement. "Review of records show no discussion is provided as to why the patient needs calcium supplement. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the request is not medically necessary.

