

<b>Case Number:</b>	CM14-0167122		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/04/2001
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Pain Management 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:

This is a 54-year-old female patient who sustained a remote industrial injury on 06/04/2001. Diagnoses include chronic pain, spondylosis of unspecified site without mention of myelopathy, lumbar herniated disc, lumbar degenerative disc disease, and muscle spasm. Previous treatment has included physical therapy and multiple oral medications. On 10/01/14, a request for Norco 10/325 mg #140 was non-certified in utilization review. It was noted that Norco was initially recommended for weaning any prior review in August 2014 secondary to decrease in function and increase in low back flares as well as a lack of documentation regarding improved function. It was also noted patient was using Norco beyond what was prescribed and running out. Urine drug screen dated 01/29/14 was noted to be inconsistent, testing positive for codeine and morphine, which were not prescribed. Progress note dated 02/26/14 preferences the patient reporting taking an old prescription from prior M.D. for Ultram when she runs out of her Norco. Urine drug screen dated 05/23/14 was inconsistent, testing negative for prescribed Norco. On 09/22/14 the patient complained of bilateral low back pain with radiation to the right L5 distribution. Pain was rated at 3-8/10. Patient reported symptoms were made worse with climbing stairs, getting out of bed, lifting, pulling, pushing, sitting, standing, transferring from sitting to standing, twisting and walking. Symptoms were improved with heat, ice, medication and rest. She was able to ambulate 1 city block with a straight cane, stand for 15 minutes and walk for 20 minutes. She was able to cook with minimal assistance, but driving, housekeeping, and shopping required moderate assistance. The patient reported anti-inflammatory medications decreased pain level by 20% and Norco 10/325 mg decrease his pain by 40%. Physical examination revealed moderate diffuse thoracic or lumbar paravertebral muscle tenderness, hypertonicity greater on the right, mild left antalgic gait. There were no new focal motor or sensory changes. Norco was refilled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Norco 10/325mg #140:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) Opioids for chronic pain.

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

**Decision rationale:** The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, the patient reports 40% reduction in pain with Norco use; however, there is no indication of significant functional benefit or return to work. The patient has been taking Norco long-term in the chronic setting from an injury sustained in 2001 without any substantial improvement in symptoms or function. There are multiple inconsistent urine drug screens documented as well as the patient reportedly taking Tramadol from an old prescription from another doctor to supplement her Norco when she runs out from taking too many. Subjective and objective benefit is not described in the records provided and there is documented aberrant behavior. Frequency of dosing is not specified in the current request. Ongoing use of opioids is not indicated in this case. Therefore, Norco 10/325mg #140 is not medically necessary.