

<b>Case Number:</b>	CM14-0084099		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/27/1989
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 and Rehabilitation, 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 injured worker is a 59 year old male who was injured on April 27, 1989. The mechanism of injury is undisclosed. The diagnoses listed as myalgia and myositis unspecified, postsurgical arthrodesis status, thoracic or lumbosacral neuritis or radiculitis unspecified. The most recent progress note dated 4/4/14, reveals complaints of pain at a 3 out of 10 on visual analog scale with exclusively axial pain; a lumbar epidural steroid injection helped the radicular component of the low back pain. Physical examination revealed tenderness to palpation of the bilateral L4 to L5 and L5 to S1 facet joints, range of motion improvement of pain with forward bending and worsen with extension and lateral twisting. Current medications include Paxil, Prilosec, Tripletail, Flomax, Lipitor, Abilify, Morphine 15 milligrams, Valium 10 milligrams, Norco 10/325 milligrams. Prior treatment includes lumbar steroid injection, pain management services, psychology services, and medications. A prior utilization review determination dated 5/28/14 resulted in denial of Norco 10/325 milligrams quantity 180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 91.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. There is no documentation of urine drug screen to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, this request is not medically necessary.