

<b>Case Number:</b>	CM14-0084652		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/01/2001
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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:

The injured worker is a 50-year-old male who reported an injury on 10/01/2001. The mechanism of injury was not submitted for review. The injured worker has diagnoses of acquired spondylolisthesis, lumbago, lumbosacral spondylosis without myelopathy, and displacement lumbar intervertebral disc without myelopathy. Past medical treatment consists of physical therapy and medication therapy. Medications include Lyrica, Norco, Cymbalta, and Protonix. There was no urinalysis or drug screen submitted for review. On 07/26/2013 the injured worker complained of low back pain. Physical examination noted that the injured worker's pain was rated at a 9/10 with medication. Sensory examination revealed to be intact to light touch. Lumbar range of motion was normal with flexion of 90 degrees. Lumbar extension was at 25 degrees. Right and left lateralization was normal at 30 degrees. Right and left rotation was normal at 45 degrees. Straight leg raising test was positive to the left. Sacroiliac distraction test was negative bilaterally. Piriformis provocation test was negative bilaterally. Hip flexion was intact with flexion being at 120 degrees bilaterally. Extension was intact and was 0 degrees. The treatment plan is for the injured worker to continue the use of Norco 10/325. The provider feels that medications are utilized to treat the effects of the injured worker's accepted industrial injury. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Opioids; Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78, 98.

**Decision rationale:** The California MTUS Guidelines stipulate that the usual dose of Norco is 5/500 mg 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain with a max of 8 tablets a day. Guidelines recommend the lowest possible dose be prescribed to improve pain and function. The MTUS Guidelines also state that there should be an ongoing review and documentation of pain relief, functional status, and appropriate medication use. There should also be notations of side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control is recommended. The submitted documentation did not indicate any side effects the injured worker was having with the medication. There was also no evidence that the Norco was helping with any functional deficits the injured worker had. There was also no indication as to what pain levels were before, during and after the medication. Furthermore, guidelines recommend the use of drug screens. There were none submitted for review showing that the injured worker was in compliance with the MTUS Guidelines. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended Guidelines. As such, the request is not medically necessary.