

<b>Case Number:</b>	CM14-0192559		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/29/2003
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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, 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 41-year-old male with date of injury of 09/29/2003. The listed diagnoses from 10/02/2014 are: 1. LDD.2. Herniated disk (L3-L4, L4-L5).3. Lumbago.4. Chronic pain. According to this report, the patient's pain has increased since working, but with pain medication, he is doing quite well. He is currently taking MS Contin ER 30 mg and Norco 10/325 bid. The patient's pain before medication is 7/10 to 8/10 and 4/10 to 5/10 after medication use. Without his pain medications, he cannot function nor do any normal activities of daily living including working. With his medications, he can do routine activities of daily living and is now back to working. His constipation is controlled using fiber. The examination shows the patient back pain radiates down to his right leg. Straight leg raise test has decreased to 50 to 70 degrees with pain. No other findings were noted on this report. The documents include progress reports from 11/07/2013 to 10/02/2014. The Utilization Review modified the request from quantity of #120 to #60 being certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** This patient presents with chronic low back pain. The physician is requesting Norco 10/325 mg quantity #120 (2 B.I.D. BTP). For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument. MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 12/06/2013. The progress report from 08/29/2014 shows the exact examination findings from the 10/02/2014 report. The urine drug screen from 04/20/2014 showed consistent results with prescribed medications. However, illicit drug use was noted. In this case, the physician has documented the required criteria by the MTUS Guidelines for continued use of this narcotic. The request is medically necessary.