

<b>Case Number:</b>	CM14-0198464		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/09/2001
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Internal Medicine 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 (IW) is a 44-year-old man with a date of injury of April 9, 2001. The mechanism of injury was due to a cumulative trauma. The current diagnoses are intervertebral disc displacement and low back pain. The IW is status post L5-S1 fusion with instrumentation in 2009. There was no clinical documentation submitted with the medical records available for review. According to the UR documentation, a note dated October 2, 2014 indicates the IW complains of intermittent flare-ups of pain in the lumbar spine region. The pain is rated 5-6/10. Examination of the lumbar spine revealed range of motion at 50 degrees flexion, 10 degrees extension, and 10 degrees lateral bending bilaterally. The IW has back pain with range of motion in all planes. Current medications include Norco and Percocet. Urine drug screen dated August 6, 2014 was consistent with prescribed medications. It was also noted that the IW noted improvement of his symptoms with acupuncture, and he continued to perform his regular and customary duties at work. It is unclear, due to lack of documentation, how long the IW has been taking Norco and Percocet. The current request is for Norco 10/325mg #90, and Percocet 10/325mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is 44 years old with a date of injury April 9, 2001. The injured worker's working diagnoses are intervertebral disc displacement and low back pain; status post L5 - S1 lumbar fusion with instrumentation in 2009. The utilization review indicates on October 2, 2014 the injured worker has complaints of intermittent flare-ups of pain at the low back level. There was pain with range of motion. The current analgesic regimen at that time was Norco and Percocet. A urine drug test on August 6, 2014 was consistent with the prescribed medicines Norco and Percocet. The only documentation available for review was the utilization review summary. There is no documentation of objective functional improvement associated with Norco use. There is no documentation in the medical record indicating the length of time the injured worker has been taking Norco 10/325mg, other than August 2014 through October 2014. There were no detailed pain assessments noted. Consequently, absent the appropriate documentation and objective functional improvement, Norco 10/325 mg #90 is not medically necessary.

**Percocet 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #90 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is 44 years old with a date of injury April 9, 2001. The injured worker's working diagnoses are intervertebral disc displacement and low back pain; status post L5 - S1 lumbar fusion with instrumentation in 2009. The utilization review indicates, on October 2, 2014, the injured worker has complaints of intermittent flare-ups of pain at the low back level. There was pain with range of motion. The current analgesic regimen at that time was Norco and Percocet. A urine drug test on August 6,

2014 was consistent with the prescribed medicines Norco and Percocet. The only documentation available for review was the utilization review summary. There is no documentation of objective functional improvement associated with Norco use. There is no documentation in the medical record indicating the length of time the injured worker has been taking Percocet 10/325mg, other than August 2014 through October 2014. Consequently, absent the appropriate documentation and objective functional improvement, Percocet 10/325 mg #90 is not medically necessary.