

<b>Case Number:</b>	CM14-0210082		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/10/2001
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 50-year-old male with date of injury of 11/10/2001. The listed diagnoses from 11/17/2014 are: 1. Chronic low back pain. 2. History of lumbar spine surgery with hardware removal, failed back surgery syndrome. 3. Suspected right sacroiliac joint arthropathy. 4. Nonindustrial left shoulder pain flare. 5. Lumbar radiculopathy. 6. Lumbar facet OA. According to this report, the patient complains of low back, left leg, and right shoulder pain. The patient continues to complain of low back pain with right lower extremity radiculopathy. He rates his low back and right leg pain 6/10 to 7/10 with medication and 8/10 to 9/10 without medications. Medications are beneficial, and he reports no side effects. Examination shows tenderness across the lumbosacral region. Significant spasm in the paraspinal muscles. Positive straight leg raise on the left. Patrick's test is equivocal due to pain. Extension and flexion are 50% restricted. There is tenderness about the joint. Right shoulder range of motion elicits mild trapezius pain in all planes. Hypoesthesia noted in the posterior legs. Right lower extremity DTR is 1- compared to 1+ on the left lower extremity. Treatment reports from 02/26/2013 to 12/17/2014 were provided for review. The utilization review denied the request on 12/05/2014.

### 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 #90 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain; On-Going Management; Criteria for Use of Opioids Page(s): 60-61, 78.

**Decision rationale:** This patient presents with low back, left leg, and right shoulder pain. The provider is requesting one prescription of Norco 10/325 quantity 90 with 3 refills. 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 02/26/2013. The 10/16/2014 report notes that the patient's pain without medication is 8/10 to 9/10, and with medication, 6/10 to 7/10. He states that "medications are beneficial, no side effects." The patient reports benefit with his medication regimen which continue to keep pain within the manageable level to allow patient to complete necessary activities of daily living such as walking, laundry, and light household chores. While the provider discussed before/after pain scales, the numerical scale does not provide significant analgesia. There are no discussions about aberrant drug-seeking behaviors such as a urine drug screen and CURES report. Given the lack of sufficient documentation showing medication efficacy, the patient should now be weaned as outlined in the MTUS Guidelines. The request is not medically necessary.