

<b>Case Number:</b>	CM14-0210823		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/10/2006
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 58-year-old male with an injury date of 08/10/2006. Based on the 07/11/2014 progress report, the patient has psychalgia, osteoarthritis of the hip, displacement of lumbar intervertebral disk without myelopathy, degeneration of lumbar intervertebral disk, and enthesopathy of the hip region. He feels depressed, has low back pain which he rates as a 7/10, left lower extremity weakness/numbness/tingling and stiffness/spasms of the lower back. The 09/09/2014 report states that the patient rates his pain as a 5-7/10. No new exam findings were provided. The 11/07/2014 reports indicates that the patient rates his pain as a 5-7/10. He continues to have diffuse low back pain and this pain radiates to his left lower extremity, left thigh, and left dorsum of the foot. He describes his pain as being burning and constant. The patient's diagnoses include the following: 1. Psychalgia. 2. Osteoarthritis of the hip. 3. Displacement of lumbar intervertebral disk without myelopathy. 4. Enthesopathy of hip region. 5. Degeneration of lumbar intervertebral disease. The utilization review determination being challenged is dated 11/14/2014. Treatment reports were provided from 01/28/2013 - 11/07/2014.

### 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.

**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:** The patient presents with low back pain which radiates to the left lower extremity, left thigh, and left dorsum of foot. The request is for one prescription of NORCO 10/325 mg #90. He feels depressed, has low back pain which he rates as a 7/10, left lower extremity weakness/ numbness/ tingling and stiffness/spasms of the lower back. The patient has been taking Norco as early as 01/28/2013. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, activities of daily living (ADLs), adverse side effects, and adverse 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 medication to work and duration of pain relief. The 05/16/2014, 09/09/2014, 11/07/2014, and 11/11/2014 reports state that the patient "continues to rely on Norco 10/325 in order to manage his pain so he can carry out his walking/exercise program and tend to household/family obligations. The patient states that the medication decreases his pain by more than 50%. He denies side effects or constipation. The patient is doing exercises and stretches on a daily basis. The patient is walking 2 to 3 hours for exercise." On 05/16/2014, the patient rates his pain as a 6/10, on 07/11/2014 he rates it as a 7/10. On 09/09/2014 and 11/07/2014, the patient rates his pain as a 5-7/10. Although the patient has no side effects/adverse behavior and the treater provides pain scales, not all 4 A's are clearly addressed. The general statement of the patient being able to "carry out his walking/exercise program and tend to household/family obligations" does not suffice the ADLs portion of the 4 As. The ADL improvements are not quantified and do not appear significant. Furthermore, there are no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines and urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Norco is not medically necessary.