

<b>Case Number:</b>	CM14-0213390		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	01/22/2005
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: North Carolina, New York, Missouri  
 Certification(s)/Specialty: Internal Medicine, Nephrology

### 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 76-year-old female who has submitted a claim for degenerative disc disease at L3-S1 and lumbar facet arthropathy at L3-L4, L4-L5 and L5-S1 associated with an industrial injury date of 1/22/2005. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities. The pain was rated 10/10 in severity and relieved to 5-6/10 with medications. She reported constipation as adverse effect from opioid intake and eventually relieved with prescription of Docuprene. Physical examination showed antalgic gait with abnormal heel walk and toe walk. Tenderness and limited motion were noted at paralumbar muscles. Motor strength of bilateral hip flexors and knee extensors were rated 4+/5. The urine drug screen from 3/21/2014 showed consistent result with prescription medications. Treatment to date has included lumbar fusion at L3-L4, chiropractic care, acupuncture, physical therapy, and medications such as Norco (since at least April 2014), Butrans patch, Valium, Docuprene and Senna. The utilization review from 11/20/2014 modified the request for one prescription of Norco 10/325 mg #120 into #100 because of no supporting evidence of objective functional benefit with medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325 mg # 120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been prescribed Norco since at least April 2014. She reported low back pain radiating to bilateral lower extremities. The pain was rated 10/10 in severity and relieved to 5-6/10 with medications. She reported constipation as adverse effect from opioid intake and eventually relieved with prescription of Docuprene. The urine drug screen from 3/21/2014 showed consistent result with prescription medications. The guideline criteria for continuing opioid management have been met. Therefore, the request for one prescription of Norco 10/325 mg #120 is medically necessary.