

<b>Case Number:</b>	CM14-0214149		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/02/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 & Rehabilitation

### 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 35 year old female with an injury date of 07/02/07. The 11/11/14 report by ■■■, states the patient presents with persistent back and right leg (thigh) pain rated 5-9/10. Her gate is antalgic. The patient is not working. Examination reveals range of motions is decreased 50% in all directions due to pain and guarding. She has depressed affect. The patient's diagnoses include: 1. Lumbago 2. Backache not otherwise specified 3. Depression 4. Right HNP at L4-5 (09/29/14 report ■■■) 5. DDD at L4-5, L5-S1 (09/29/14 report ■■■) 6. Isthmic spondylolisthesis at L5-S1, non-union via CT scan (09/29/14 report ■■■) 7. S/p XLIF at L4-5, Axial LIF at L5-S1 with PSG, 01/22/09 (09/29/14 report ■■■) 8. Bilateral SI joint arthrosis, symptomatic on the right (09/29/14 report ■■■) Medications are not authorized and the patient is receiving Percocet from friends. Current medications are listed as Nabumetone. SI joint injection was requested but not authorized. Trigger point injection(s) were received for the Gluteal muscles (09/16/13). The utilization review is dated 12/10/14. Reports were provided for review from 06/19/14 to 11/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

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

**Decision rationale:** The patient presents with back and right leg pain rated 5-9/10. The current request is for Norco 7.5/325mg. The RFA is not included. The 12/10/14 utilization review states an RFA dated 09/05/14 was received and states the date the request was first received was 12/02/14. UR states this request was certified for #60. It is unknown from the reports provided the quantity requested. MTUS Criteria for Use of Opioids, pages 76 and 77 includes the following under steps to take before a therapeutic trial of opioids: baseline pain and functional assessment should be made, and a therapeutic trail should not be employed until the patient has failed a trail of non-opioid analgesics. MTUS Guidelines pages 88 and 89 states, "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 4As (analgesia, 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. This request is not discussed in the reports provided. There is no evidence the patient has previously been prescribed opioids. The reports show prior use of Cymbalta and current use of an NSAID (Nabumetone). The most recent report of 11/11/14 states the patient claims to have fallen into "a deep depression". The reports further states, "She reports she takes Percocet from her friends as she is desperate due to pain....Functionally she is very limited....she cannot do housework, yard work even light work will flare her back pain." In this case, the treater documents baseline pain, function is documented and the patient is prescribed a non-opioid analgesic. However, #60 of the requested medication has been certified and this request as presented is for an indeterminate amount. MTUS page 8 states the physician must monitor the patient's progress and make appropriate recommendations. The request IS NOT medically necessary.