

<b>Case Number:</b>	CM14-0215057		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/31/1988
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/08/2014
<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 & 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 65 year old male with an injury date of 08/31/88. Based on the 02/03/14 progress report, the patient complains of back pain which he rates as a 6/10 to an 8-9/10. He has limitations of activities due to the back pain. The 10/28/14 report states that he is able to get around but is unstable to move quickly more difficult to sleep due to the pain. No positive exam findings are provided. The patient's diagnoses include the following: 1. Lumbago 2. Other chronic postoperative pain The utilization review determination being challenged is dated 12/08/14. There are three treatment reports provided from 02/03/14, 10/28/14, and 12/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Butrans (Buprenorphine) Criteria For Use Of Opioids Page(s): 26-27, 76-78, 88-89.

**Decision rationale:** The patient presents with back pain and difficulty sleeping. The request is for NORCO 10/325 MG #180. The patient has been taking Norco as early as 02/03/14. There are no discussions provided regarding what Norco has done for the patient's pain and function. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states, patient should be assessed at each visit and functioning should be measured at 6-month intervals using the 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. For Buprenorphine, MTUS page 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. The 02/03/14 report states that the medications keep the pain level down to a 6. The 10/28/14 report indicates that without the pain medications he is unable to function or walk any distance. With the pain medications he is more functional and can walk and able to move about. The pain meds still reduces the pain down to a 3-4, without it is still a 9 He has no side effects of the medications. In this case, the treater does document pain scales and discuss ADLs such as the patient being able to walk and to move about. The patient does not have any side effects/adverse behavior. However, there are no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures were provided either as required by MTUS Guidelines. In addition, 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.