

<b>Case Number:</b>	CM14-0066509		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/31/2005
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 injured worker (IW) is a 30 year old male who sustained an industrial injury on 10/31/2005. He reported low back pain. The injured worker was diagnosed as having post traumatic low back pain with underlying discogenic disease. Treatment to date has included back surgery in 2005, and according to the IW he has had epidurals that helped him, and pain medications. According to chart notes of 04/07/2014, an electromyogram was done on 04/07/2014. Physical therapy was denied. Currently, the injured worker complains of low back pain with shooting pains in the right leg. The worker is agreeable to go to a pain specialist. Norco decreases his pain from a 10/10 to a 4-5/10. The IW is prescribed for Norco 10/325 2 tablets three times a day. A request for authorization is made for Norco 10/325 #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION FOR NORCO 10/325MG #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

**Decision rationale:** Per the 04/07/14 report by [REDACTED] the patient presents with lower back pain s/p back surgery in 2005. The treating physician provides an impression of Post Traumatic low back pain with underlying discogenic disease. The current request is for 1 PRESCRIPTION FOR NORCO 10/325 MG #180 Hydrocodone, an opioid. The RFA included is dated 04/16/14. The 04/23/14 utilization review modified this request from #180 to #144 for the period 04/16/14 to 06/21/14. The reports do not state if the patient is currently working. 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. The reports provided for review show the patient has been prescribed Norco on a long term basis since before 08/05/13. The 04/07/14 report states that Norco reduces the patient's pain from 10/10 to 4-5/10. However, the MTUS guidelines require documentation of functional improvement with opioid usage and no specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not fully documented. The treating physician does state that drug addiction tolerance was discussed with the patient; however, no recent UDS's are provided for review or documented nor is there mention of CURES. There is no discussion of side effects. In this case, ADL's, adverse side effects and adverse behavior have not been sufficiently documented as required by the MTUS guidelines. The request is not medically necessary.