

<b>Case Number:</b>	CM15-0010575		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	04/03/2001
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 is a 40 year old male, who sustained an industrial injury on April 3, 2001. The diagnoses have included multilevel lumbar degenerative disc disease and lumbar disc herniation, status post L3-S1 anterior and posterior fusion. Treatment to date has included pain medication and muscle relaxers and independent exercise program. Currently, the injured worker complains of back pain hurting more than usual with the colder weather and rain. On December 22, 2014 Utilization Review non-certified a Norco 10/325mg quantity 100, noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 15, 2014, the injured worker submitted an application for IMR for review of Norco 10/325mg quantity 100.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request for 1 Prescription of Norco 10/325mg #100: Upheld**

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

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

**Decision rationale:** Per the 12/11/14 report the patient presents with lower back pain. The current request is for PROSPECTIVE REQUEST OF 1 PRESCRIPTION OF NORCO 10/325 #100--Hydrocodone, an opioid. The RFA is not included. The 12/23/14 utilization review states the report containing this request is dated 12/15/14; however, this report is not included for review. Utilization review modified this request from #100 to # 75. The 05/06/14 report states the patient is doing some light work; however, recent reports do not state if the patient is 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 this medication since at least 03/19/13. The 12/11/14 report states the patient's medications reduce pain 50 to 60% and improve function and allow performance of household activities. Medications are listed as Flexeril, Elavil, and Norco. However, no specific ADL's are mentioned to show a significant change with use of this medication in recent reports provided. Opiate management issues are not documented. The treater does note the patient has a signed pain contract; however, no UDS's are provided for review or documented nor is there mention of CURES. Adverse behavior or adverse side effects are not discussed. No outcome measures are provided. In this case, ADL's and opiate management is not sufficiently documented to support long-term opioid use as required by guidelines. The request IS NOT medically necessary.