MAXIMUS Federal Services

| Case Number: | CM15-0012732 | | |
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| Date Assigned: | 01/30/2015 | Date of Injury: | 05/29/2008 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/21/2015 |

## 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

## 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 49 year old male, who sustained an industrial injury on May 29, 2008. He has reported aching pain to the mid and low back and was diagnosed with lumbar canal stenosis, lumbar facet arthropathy, lumbar degenerative disc disease. Treatment to date has included diagnostic studies, radiographic imaging, pain medications and conservative treatments. Currently, the IW complains of ongoing low and mid back pain. The injured worker reported an industrial injury in 2008, resulting in chronic low and mid back pain. He reported some improvement with Norco and Oxycontin. It was noted in an August, 2014 examination, he required Oxycontin to remain functional and Norco for breakthrough pain. Steroid injections were offered and refused. On November 17, 2014, evaluation revealed the injured worker was still working however noted activity exacerbated the pain. It was noted the urinary drug screen was consistent with the expectations and that Norco was being used for pain. The plan was to reduce the daily Norco prescription. On December 30, 2014, Utilization Review non-certified a request for Norco 10/325 mg one tablet every 8 hours when necessary, # 60 with no refills, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 11, 2015, the injured worker submitted an application for IMR for review of requested Norco 10/325 mg one tablet every 8 hours when necessary, # 60 with no refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg one tablet every 8 hrs when necessary, # 60 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg one tablet every eight hours as needed #60 with no refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; lumbar facet arthropathy; and lumbar canal stenosis. The earliest progress note in medical record shows the injured worker was using Norco 10/325 mg QID. OxyContin 10 mg was being titrated down. There was no objective functional improvement documented in the medical record. The most recent progress note is November 17, 2014. This note indicates the injured worker is now taking Norco 10/325mg every eight hours as needed. The documentation does not contain evidence of objective functional improvement. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement, risk assessments and detailed pain assessments, Norco 10/325 mg one tablet every eight hours as needed #60 with no refills is not medically necessary.