

<b>Case Number:</b>	CM15-0115684		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania

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 is a 58-year-old female who sustained a work related injury on 1/8/13. She lifted a heavy plant and carried it to another room. She was hanging a picture on a wall, dropped a nail and bent over to pick it up. She felt onset of low back pain. The diagnoses have included acute pain, chronic pain, herniated nucleus pulposus lumbar spine and lumbago. Treatments have included medications, sacroiliac injections, epidural injections, lumbar rhizotomies, facet injections, transcutaneous electrical nerve stimulation (TENS) unit therapy, physical therapy, acupuncture, and aqua therapy. Norco has been prescribed since at least November 2014. A progress report on 11/20/14 notes that tox screen was negative, and that confirmatory testing was unable to be performed. In the PR-2 reports dated 5/31/15 and 4/19/15, the injured worker complains of left lumbar, left thigh and left lateral foot pain. She describes the pain as constant and sharp. She rates her pain level a 6/10 currently. She states pain level is 10/10 60% of the time. She states pain level drops to 2/10 with use of a TENS unit. She has tenderness to palpation left lumbar spine. She has some decreased range of motion in lumbar spine. It was noted that the last day worked was 10/13/13. Work status was noted as total temporary disability. The treatment plan includes prescriptions for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 79-80.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. It is noted that the injured worker has been treated with Norco since 11/17/14. There are no documented changes in his functional capabilities from visit to visit. There are no improvements in pain levels noted with the use of Norco. There is no documentation noted about how much of the medication he is using, how long it takes the medication to start working or how long any pain relief lasts. Work status remains temporarily very disabled, and there was no documentation of improvement in specific activities of daily living because of use of Norco. It was noted that the injured worker has not worked since October 2013, which fails the return to work criteria in the guidelines. The MTUS also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. The records clearly indicate an inconsistent urine drug test and the inconsistent results are not explained by treating provider, which would be necessary for continued usage. The submitted request does not include dosing or frequency. Since there is no documentation of improvement in pain level, a decrease in overall pain or an increase in functional capacity, this request for Norco is not medically necessary.