

<b>Case Number:</b>	CM15-0141357		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 50 year old female who sustained an industrial injury on 7-21-09. The injured worker was diagnosed as having lumbar spine strain and bilateral knee strain. Currently, the injured worker reported pain in the lumbar spine and right knee. Previous treatments included oral pain medication, oral muscle relaxants, physical therapy, epidural steroid injection and status post lumbar spine surgery. Previous diagnostic studies included a magnetic resonance imaging, computed tomography myelogram and radiographic studies. The injured workers status was noted as return to modified duties 7-6-15. The injured workers pain level was noted as 8 out of 10. Physical examination was notable for lumbar spine tenderness and spasms. The plan of care was for Norco 10-325 milligrams, sixty count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, sixty count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), as well as the Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there is no evidence from the documentation that there is functional improvement in response to Norco. There is no documented quantitative change in pain in response to Norco. There is a statement in the progress note of 7/16/15 that "Norco 10/325 helps moderately." However, this does not meet the requirements of the guidelines discussed above for an adequate measure of improvement in pain. Furthermore, there is no discussion of the presence or absence of side effects or aberrant drug behavior in the recent progress notes. Therefore, the request is not medically necessary.