

<b>Case Number:</b>	CM15-0178836		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/10/1991
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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:

This injured worker is a 64 year old male who reported an industrial injury on 7-10-1991. His diagnoses, and or impressions, were noted to include: lumbosacral radiculopathy; lumbar facetar syndrome; chronic low back pain; insomnia secondary to pain; and psychosis (5-2013). No current imaging studies were noted. His treatments were noted to include: status-post percutaneous lumbar discectomy, 2 level arthroscopy and micro-discectomy (9-1995); home exercise program; medication management; and modified work duties. The progress notes of 8-11-2015 reported a return visit for persistent low back pain, rated 7 out of 10, that radiated an achy pain to the left lower extremity, and was aggravated by activity; of a worsening abdominal hernia monitored by his primary care physician; that his trans-cutaneous electrical nerve stimulation unit and medications help his pain; and he requested refills of his medications. The objective findings were noted to include: positive sacral 1-2 "CVS"; stiffness and spasms in the lumbar para-spinal muscles; surgical scar over the lumbar spine; and decreased lumbar range-of-motion. The physician's requests for treatments were not noted to include Norco 10-325 mg, every 8 hours as needed, #75. The Request for Authorization, dated 8-31-2015, was noted to include Norco 10-325 mg, #75. The Utilization Review of 9-5-2015 modified the request for Norco 10-325 mg, #75, to #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents on 08/11/15 with lower back pain rated 7-8/10 which radiates into the left lower extremity. The patient's date of injury is 07/10/91. Patient is status post 2 level microdiscectomy on 09/11/95. The request is for Norco 10/325 mg #75. The RFA is dated 08/31/15. Physical examination dated 08/11/15 reveals reduced range of motion and spasms in the lumbar paraspinal musculature, with a healed lumbar surgical scar noted. The patient is currently prescribed Morphine Norco, Omeprazole, and Docusate. Patient is currently advised to return to modified work on 09/30/15. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note dated 08/11/15 has the following regarding medication efficacy: "... medications are helping for pain and he is requesting refill..." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. While there is no indication that this patient is inconsistent with his prescriptions, the requesting physician does not provide any measures of analgesia, any activity-specific functional improvements attributed to narcotic medications and does not specifically state that this patient lacks any aberrant behaviors. Given the lack of complete 4A's, documentation, the continuation of Norco cannot be substantiated and this patient should be weaned. The request is not medically necessary.