

<b>Case Number:</b>	CM15-0024619		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	11/18/2003
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43-year-old male who reported an injury on 11/18/2003 due to an unspecified mechanism of injury. On 01/06/2015, he presented for a follow-up evaluation. He reported chronic low back pain with intermittent radicular symptoms due to a recent severe flare up. He reported her pain to be a 4/10 to 7/10 on the VAS. He stated that he was having to take 4 to 6 hydrocodone per day for management of his baseline level of low back pain and required more medication during his flare up. A physical examination showed normal range of motion to the lumbar spine with 2+ deep tendon reflexes throughout at the knees and ankles. His gait was normal and he was fully oriented. It was stated that his CURES reports had shown that he had another prescription for hydrocodone/APAP from a separate physician. He was diagnosed with thoracic or lumbosacral neuritis or radiculitis unspecified, lumbago, displacement of the lumbar intervertebral disc without myelopathy, and long-term current use of other medications. The treatment plan was for Norco and Percocet to relieve the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for Use, On-Going Management Page(s): 76, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens were provided for review to validate his compliance with this medication regimen. In addition, it was stated that the injured worker was receiving hydrocodone from a separate physician, which would not be supported by the cited guidelines. Furthermore, the frequency of the medication was not stated within the request and 2 refills of this medication would not be supported without a re-evaluation. Therefore, the request is not supported. As such, the request is not medically necessary.

**Percocet 10/325mg #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for Use, On-Going Management Page(s): 76, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens were provided for review to validate his compliance with this medication regimen. In addition, it was stated that the injured worker was receiving hydrocodone from a separate physician, which would not be supported by the cited guidelines. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.