

<b>Case Number:</b>	CM15-0042524		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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:

The injured worker is a 47 year old male, who sustained an industrial injury on November 20, 2013. He reported thoracolumbar pain. The injured worker was diagnosed as having thoracic spondylosis without myelopathy, thoracic pain, lumbar spondylosis without myelopathy, lumbar radiculopathy and lumbago. Treatment to date has included diagnostic studies, joint injections, chiropractic treatment, physical therapy and medications. On December 1, 2014, the injured worker complained of spasms along with shoulder, mid back and low back pain. He rated his pain a 4-6 on a 1-10 pain scale. Full, active range of motion was noted with lumbar flexion. Tenderness to palpation was noted along the bilateral mid and low thoracic paraspinal muscles and along the bilateral mid and low lumbar paraspinal muscles. The treatment plan included medications, thoracic facet joint injections, urine drug screen and follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 75:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 01/26/2015 report, this patient presents with low back and midback pain. The current request is for Norco 10/325mg quantity 75. This medication was first mentioned in the 09/03/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 01/26/2015. The patient's work status is continues working on modified duty. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's: analgesia, ADL's, adverse side effects, and adverse behavior are required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. The medical reports provided for review shows documentation of analgesia with pain ranging from 8/10 to 3/10 with current pain at a 7/10. The treating physician mentions medication helps to reduce his pain about 50-75%, and he is able to interact with his 9-year-old child. He admits to occasional nausea and upset stomach. The urine toxicology reports are on 10/06/2014 and 12/01/2014. In this case, the patient has reached high level of function by working and there is adequate documentation regarding opiate use; including analgesia, side effects and aberrant behavior. The treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.