

<b>Case Number:</b>	CM15-0072108		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 66 year old male, who sustained an industrial/work injury on 10/10/07. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar disc degeneration, displaced lumbar disc without myelopathy, lumbar stenosis, sciatica, and sacroiliac ligament sprain. Treatment to date has included medication, diagnostics, surgery (lumbar fusion), and extensive physical therapy. MRI results were reported on 5/8/13. CT Scan results were reported on 5/30/13. Currently, the injured worker complains of continued pain in the lumbar spine, rated 7-8/10 and pain in the left buttock and radiated down the posterior left leg. There was intermittent numbness in the left foot. Per the orthopedic physician's re-evaluation on 3/25/15, examination revealed the lumbar incision healed well. There was tenderness with palpation to the ischial spine, sacroiliac joints, and iliac shear. There was decreased anterior lateral thigh, lateral leg sensation. Left Fabere test was positive. The requested treatments include Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 5-325mg #80:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

**Decision rationale:** ODG guidelines support opioids with: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not medically necessary.