

<b>Case Number:</b>	CM15-0091499		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, 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 62 year old male who sustained an industrial injury on 8/27/11 to his back when he lifted a compressor. He had prior history of two industrial injuries involving his back, one twenty years ago and the other, one month prior to current injury. He currently complains of low back pain with radicular symptoms into his left lower extremity. On physical exam there is tenderness on palpation of the lumbar spine paraspinal muscles and decreased range of motion with flexion and extension. He has a positive straight leg raise on the left with shooting pain into the bottom of his foot. His medication is Norco which is effective, gabapentin, Colace, amitriptyline. On 8/12/14 he reported a pain level of 7-8/10 without Norco and 3-4/10 with Norco. Norco helps him with walking one mile every other day. He has had two urine drug screens in 2013 and both were consistent with prescribed medications. Diagnoses include status post L3 to S1 laminectomy and partial facetectomy on 11/2/12; chronic neck pain; left groin and testicular pain. Treatments to date include pain medication; H-wave unit; acupuncture; transcutaneous electrical nerve stimulator unit; post-operative physical therapy. Diagnostics include cervical x-rays (no date) showing degenerative changes; testicular ultrasound which was normal; MRI lumbar spine (11/11) showing significant degenerative disc disease with foraminal stenosis; lumbar x-rays (4/115/13) showing anterolisthesis at L3-4. In the progress note dated 3/16/15 the treating provider's plan of care includes Norco 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. This lack of improvement is noted despite being on Norco for a few years. The request for Norco 10/325mg #180 is not medically necessary.