

<b>Case Number:</b>	CM15-0094948		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/20/1989
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, Hawaii

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 53 year old male, who sustained an industrial injury on 6/20/89. He reported sudden onset of low back pain. The injured worker was diagnosed as having degeneration of lumbar intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, lumbago and sciatica. Treatment to date has included 3 lumbar fusions, pain stimulator, oral medications including opioids and physical therapy. Currently, the injured worker complains of chronic low back pain unchanged from previous visit and rated 5/10. He states medication helps with the pain. Physical exam noted healed surgical scar over lumbar spine otherwise unremarkable. The treatment plan included a request for authorization of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone-Acetaminophen 10/325mg #120): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient has ongoing chronic low back pain. The current request is for Norco 10/325mg #120. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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. In this case, the records indicate the patient has been taking Norco since at least September 2012, which exceeds the guidelines recommendation for short-term use. Furthermore, there is no documented evidence suggesting pain reduction or improved function with the medications versus baseline. There is also no evidence of return to work. The records further indicate that the patient's pain levels have actually increased from his 1/5/15 progress report to his 3/30/15 progress report. The MTUS requires much more thorough documentation for continued opioid usage. As such, my recommendation is for denial as the current request is not medically necessary.