MAXIMUS Federal Services

| Case Number: | CM14-0147282 | | |
|---|---|---|---|
| Date Assigned: | 09/15/2014 | Date of Injury: | 04/22/2005 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/10/2014 |

## 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 52-year-old male who reported an injury on 04/22/2005. The mechanism of injury was due to lifting. His diagnoses included postlaminectomy syndrome, obstructive airway disease/asthma, depression, and anxiety. His past treatments included walking for exercise and medications. The injured worker's diagnostic testing included a MRI from 11/2008 that was noted to show no evidence of recurrent residual disc. His surgical history included a decompressive surgery at L4-S1 in 06/2006, and an umbilical hernia repair on 11/23/2010. On 08/12/2014, the injured worker complained of low back pain, neck, and thoracic pain. He reported his pain levels had been varying in intensity to intolerable levels. Upon physical examination, he was noted to have tenderness to palpation mid line at the lumbosacral junction. He was noted to have spasms, extremely tight muscles over the thoracic paraspinals and the cervical region. His current medications were listed as Neurontin 800 mg, Prilosec 20 mg, Zoloft 50 mg, Ambien 10 mg, albuterol, Singulair, and Colace 100 mg. The request was for Norco 10/325 mg #120, 4 tablets a day to reduce pain. The Request for Authorization form was signed and submitted on 08/20/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120, 4 tablets a day to reduce pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

**Decision rationale:** The request for Norco 10/325mg #120, 4 tablets a day to reduce pain is not medically necessary. The California MTUS Guidelines state that for patients on opioids, there should be 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, intensity of pain after taking the opioid, 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. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. They are pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The injured worker did complain of low back, neck, and thoracic pain, however, there was not a complete quantified pain assessment including the current pain, the least reported pain over the period since last assessment, intensity of pain after taking the opioid, and how long pain relief lasts. The injured worker was noted to have been on Norco in the past, but he was getting medications from other physicians. There was no documentation with evidence of the efficacy of the medication, side effects, and improved function. In the absence of documentation with sufficient evidence of a complete and thorough pain assessment, functional status, and evidence for monitoring for the possible occurrence of any potentially aberrant drug related behaviors, like a urine drug test, the request is not supported. Therefore, the request is not medically necessary.