

<b>Case Number:</b>	CM14-0149321		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/11/2008
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Interventional Spine 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 patient is a 40-year-old male with date of injury of 03/11/2008. The listed diagnoses per [REDACTED] from 08/11/2014 are: 1. Right L2-L3 disk bulge. 2. Right L2-L3 radiculitis. 3. Status post L4-S1 fusion. According to this handwritten report, the patient ambulates with a cane. He complains of back and left leg pain. The patient's pain without medication is 8/10 and with medication is 3/10. He reports nocturnal leg pain and falls due to leg giving way. The patient is "walking more now." The examination notes that the patient is obese. Right lateral strength sensation is decreased. The patient has been decreasing the use of Norco. The utilization review denied the request on 08/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg # 240 refills 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The patient is a 40-year-old male with date of injury of 03/11/2008. The listed diagnoses per D.

**Decision rationale:** This patient presents with back and left leg pain. The treater is requesting Norco 10/325 mg quantity #240 with 3 refills. For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "Pain assessment should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 12/23/2013; however, prior medication history was not made available. The 08/11/2014 report notes that the patient's pain level without medication is 8/10 and with medication is 3/10. The patient is able to do activities of daily living; however, still has occasional falls due to leg giving way. In addition, it was noted that the patient has been decreasing the use of Norco. The treater does not discuss adverse side effects and aberrant drug-seeking behavior including a urine drug screen. There is no discussion about outcome measures. Given only partially met criteria, recommendation is for denial.