

<b>Case Number:</b>	CM13-0041909		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York and Tennessee. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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 51-year-old male who was injured on May 27, 2010. The injury occurred when the patient slipped and fell while washing down a driveway. The patient continued to experience lower back pain. Physical examination showed pain corresponding to the right L5 dermatome. Motor function was intact. MRI of the lumbosacral spine showed evidence of right L5 neural impingement. Diagnoses included lumbar disc bulges, lumbar stenosis, lumbar facet arthropathies, obesity, and opioid dependence. Treatment included epidural steroid injections, psychology evaluation, weight loss program, and prescription medications. Requests for authorization for follow up with spine surgeon, oxycodone 10 mg. # 120, and Norco 10/325 # 120 were submitted for consideration on August 21, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 follow up with spine surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** Surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy and obviously due to a herniated disc is detected. Referral for surgical consultation is for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair or failure of conservative treatment to resolve disabling radicular symptoms. In this case, the patient had been seen by a surgeon, who recommended surgical intervention after the patient had attained a goal weight. The patient was not eligible for the surgery because he had not achieved sufficient weight loss. Medical necessity is not established

**120 Oxycodone 10 mg:** Upheld

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

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

**Decision rationale:** Oxycodone is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the duration of opioid treatment had been long term. There is documentation that the patient had signed opioid contract and was receiving urine drug testing. There was no documentation that the patient was obtaining analgesia. In that case the opioid should be weaned from the medication. In addition there is an additional opioid medication requested in conjunction with this request. The use of two short acting opioids simultaneously is not recommended.

**120 Norco 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009)..

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

**Decision rationale:** Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not

recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the duration of opioid treatment had been long term. There is documentation that the patient had signed opioid contract and was receiving urine drug testing. There was no documentation that the patient was obtaining analgesia. In that case the opioid should be weaned from the medication. In addition there is an additional opioid medication requested in conjunction with this request. The use of two short acting opioids simultaneously is not recommended.