

<b>Case Number:</b>	CM14-0005101		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Orthopaedic Surgery 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 claimant is a 47-year-old male who was injured on October 6, 2009. The November 7, 2013 note indicates the claimant presented with axial low back pain and complaints of radiculopathy into both lower extremities, worse on the left. The clinician indicates that "current medications give him a moderate amount of relief of his continued axial low back pain and lower extremity radiculopathy." The clinician further states that without medication, the claimant is unable to perform activities of daily living (ADLs). The physical examination documents diminished sensation on the left in an L4 and L5 dermatomal distribution with diffuse weakness when compared to the contra-lateral side. Reflexes are documented as being symmetric. The diagnoses are given of lumbago, piriformis syndrome/sciatica, and radicular syndrome. An MRI (magnetic resonance imaging) of the lumbar spine was performed on November 21, 2013 and is documented as showing degenerative changes at L4-S1. No central canal or foraminal stenosis is noted at L4-5 and at L5-S1. There is mild central canal stenosis and moderate to severe right-sided and severe left-sided neuroforaminal stenosis. The stenosis is documented as having worsened since the previous MRI. The utilization review in question was rendered on January 7, 2014. The reviewer denied the claim noting a lack of documentation identifying a measurable analgesic benefit and a lack of functional/vocational benefit with ongoing use. Additionally, the reviewer noted no documentation of a drug screen to monitor compliance and no evidence of a signed opioid agreement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 QID #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 91.

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

**Decision rationale:** The MTUS recommends against the chronic use of opiates in the management of isolated axial low back pain, but does recommend the possibility of long-term use and management of neuropathic pain as can be seen with nerve root compression. Based on the clinical documentation provided, there is evidence of chronic nerve root compression at L5-S1. This appears to be consistent with the physical examination findings as well. The MTUS does recommend a trial of antiepileptic or antidepressant medications prior to proceeding with utilization of opioid management for neuropathic pain. Based on the documentation provided, it does not appear that a trial of these medications has been attempted. Additionally, the clinician does not provide evidence of objective functional improvement in pain Visual Analogue Scale (VAS) scores to justify the continued management with this medication. As such, secondary to insufficient documentation, the request is considered not medically necessary.