

<b>Case Number:</b>	CM14-0151662		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Pain Management 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 54-year-old male who sustained work-related injuries on September 16, 2010. Per May 5, 2014 report, the injured worker complained of low back pain, stiffness and discomfort with pain radiating in the right hip and down to the right thigh across the knee, down the shin, into the foot and numbness across the top of the foot and toes. Objective findings indicate paraspinal spasm, lumbar intersegmental motion restrictions and restricted rotation coupling patten. Magnetic resonance imaging scan (undated) confirms multi-level lumbar disc injuries. Per May 6, 2014 report, the injured worker reported experiencing back stiffness and weakness in the right leg, sharp pain and hip pain. Coughing or sneezing, hip rotation, and lifting worsened his condition. Back pain was described as aching, burning, shooting down the right leg, shoots down the legs, and radiating to the right glutes. He rated his pain as 6-7/10. He also reported marked increase in pain with the decrease in Butrans from 20mcg to 10mcg with pain changing from 3-4 to 5-6 with increased pain and suffering as well as decreased ability to participate in routine activities of daily living. He also noted increase neuropathic dysesthesia without weakness and neurogenic claudication. Objectively, pain was noted across the lumbosacral area of the spine which has significantly improved with injection. Pain was noted with valsalva, positive FABER maneuver right, positive Gaenslen's maneuver right. Positive Patrick's maneuver right, pain with extension and secondary myofascial pain with triggering. Straight leg raise testing was noted at the right side at 70 degrees with pain radiating to the right buttocks, posterior thigh, medial leg, lateral leg, posterior calf, heel and foot. Lasegue's maneuver increased pain. Cross-over test on the contralateral side was positive on the right. Sensation was decreased in the right S1 dermatome. Most recent records dated August 13, 2014 documents that the injured returned to his provider for a followup visit regarding his low back pain. He reported experiencing stiffness, weakness in the right leg, sharp pain, and hip pain. He

rated his pain as 4-5/10. He has completed 36 chiropractic sessions with marked benefit and has allowed him to continue with gainful employment. He was noted not to have any signs of illicit drug abuse, diversion or side effects, has signed a narcotic agreement and undergone urine drug screening test (results not found in records received). Physical examination findings were essentially unchanged. Review of a magnetic resonance imaging scan performed on September 21, 2010 showed at L1-L2 no disc protrusions, central canal stenosis or foraminal stenosis. At L2-3, no disc protrusion, canal stenosis or foraminal stenosis. At L3-4, no disc protrusion, central canal stenosis or foraminal stenosis. At L4-5, broad-based disc protrusion slightly eccentric towards the right which mildly effaces the anterior subarachnoid space with no high grade canal stenosis seen. Mild narrowing of the inferior neural foramina was noted. At L5-S1, mild generalized spondylosis without significant canal stenosis seen. There is mild narrowing of the inferior neural foramina. Flexion and extension X-ras showed severe degenerative disc disease at L5-S1 with facet osteoarthropathy at L4 through S1. Minimal degenerative changes are present elsewhere. The worker has significant osteopenia, particularly in the light of the worker's age and sex, suggesting workup. He is diagnosed with (a) herniation/displaced lumbar disc without myopathy, spasm of muscle, and cervical segment dysfunction; (b) cervicalgia, sciatica, and lumbar segment dysfunction; and (c) sacrum, sacroiliac region segment dysfunction and thoracic segment dysfunction.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg 1 tablet twice a day, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, long-term assessment, specific drug list Page(s): 76-80, 88-89, 91.

**Decision rationale:** Records indicate that the injured worker's provider stated to the utilization review physician that Butrans has been able to provide adequate pain relief allowing the injured worker to work heavy labor 12 hours per day however the provider also indicated that the injured worker rarely Norco. Records indicate that the injured worker has undergone urine drug screening which is one of the criterion that needs to be met for ongoing opioid management. However, results of the said urine drug screening test were not found in the provided documents and evidence-based guidelines indicate that should results should supplied to identify the injured worker's compliance with his current drug regimen. There is also no indication of a breakthrough or flare-up of this injured worker's symptoms. Moreover, Butrans can negate the effects of Norco. Due to the absence of pertinent information which resulted to not satisfying the criteria as posited by evidence-based guidelines and there is no indication of flare-up of symptoms, the medical necessity of the requested Norco 10/325 milligrams one tablet twice a day #60 with one refill is not established.