

<b>Case Number:</b>	CM14-0155482		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/07/2004
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Family 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:

This is a 52-year-old male patient who reported an industrial injury to the back and neck on 9/12/2004, over 10 years ago, attributed to the performance of his usual and customary job tasks reported as a slip and fall on a ramp. The patient underwent a multilevel lumbar decompression and fusion during 2006. The patient currently complains of ongoing neck and back pain. The patient was noted to have had a hernia repair on 5/29/2014. The patient characterizes pain is 8/10. The objective findings on examination included restricted range of motion to the lumbar spine; positive SI joint dysfunction; tenderness over the left SI joint; tenderness along the heel and the lateral side of the foot. The patient was diagnosed with ventral hernia, low back pain, cervical disc degeneration, lumbar radiculopathy, cervicgia, lumbago, and chronic pain syndrome. The treatment plan included continued Norco 10/3 and a 25 mg #60 along with the consultation with an orthopedic spine surgeon due to the reported low back symptoms and weakness in the legs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #60 with one refill.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) and on the Official Disability Guidelines (ODG) pain chapter -opioids.

**Decision rationale:** Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription for Hydrocodone-APAP (Norco) 10/325 mg #60 with one refill for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury 10 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 10 years s/p DOI with reported continued issues postoperatively; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back/knee pain. There is no demonstrated sustained functional improvement from the prescribed opioids. There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. There is no demonstrated medical necessity for the current prescription of tramadol with Norco. The continued prescription for Norco 10/325mg, #90 with refill x1 is not demonstrated to be medically necessary.

**Orthopedic spine consultation.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92 127. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127 and the Official Disability Guidelines (ODG) Shoulder Chapter impingement surgical intervention.

**Decision rationale:** The request for authorization of a consultation with an Orthopedic Spine Surgeon 10 years after the DOI for the documented diagnoses, is not demonstrated to be medically necessary for the effects of the cited industrial injury. The request was made based on back pain with reported weakness without the demonstrated failure of exercise or conservative

treatment. The patient is status post spinal fusion without imaging or Electrodiagnostic evidence of progressive defects. There are documented objective findings by the requesting provider to support the medical necessity of an orthopedic referral and treatment for the diagnoses documented of ongoing mechanical back pain. There are no objective findings on examination documented by the requesting physician to support the medical necessity of a referral to an orthopedic spine surgeon based on the subjective weakness. There are no documented surgical lesions. There was no rationale supported with objective evidence to support the medical necessity of the referral for an evaluation and treatment by an orthopedic spine surgeon. There is no documented surgical lesion to the lumbar spine and the patient has previously declined surgical intervention to the cervical spine. There is no demonstrated medical necessity for the patient to be evaluated with an Orthopedic Spine surgeon for the reported back issues, as there are no documented clinical changes to support the medical necessity of surgical intervention. The patient is not documented to have failed conservative treatment. There are no documented severe or disabling symptoms; significant activity limitations; no imaging or Electrodiagnostic evidence of a lesion that would benefit from surgical intervention; and there are no unresolved radicular symptoms after the provision of conservative treatment. There is no demonstrated medical necessity for an orthopedic spine surgeon evaluation for the lumbar spine based on the documented objective findings on examination.