

<b>Case Number:</b>	CM14-0167802		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2014

### 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 Occupational Medicine and is licensed to practice in Iowa. 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 53 year-old male with a date of injury of 3/7/2014. A review of the medical documentation indicates that the patient is undergoing treatment for low back pain. Subjective complaints (8/8/2014) include 'disabling' pain in back rated 4-5/10, pain and numbness in both legs (left worse), and decreased daily movement activities. Objective findings (8/8/2014) include decreased lumbar spine range of motion, radicular pain down both legs with flexion/extension, and questionable positive straight leg test on left. Diagnoses include lumbar disc herniation and bilateral radicular pain. The patient has undergone studies to include MRI (undated), which showed significant disc herniation at L3-4 (per treating physician note). The patient has previously undergone physical therapy. A utilization review dated 9/10/2014 did not certify the request for Norco 10/325 mg TID #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91 & 124.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

**Decision rationale:** According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded this 2 week recommendation for treatment length, and appears to have been on this medication for several months. The treating physician does not include detailed documentation regarding the reported pain over time or specific improvement while on this medication. While the patient appeared to have some initial improvement in his condition in the first few months, it is not clear if this was due to this medication, and there has been no recent improvement in functional status. The patient did undergo physical therapy, and the treating physician stated there was minimal benefit, but no first-line medications are documented. Therefore, the request for Norco 10/325 #90 is not medically necessary at this time.