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| <b>Case Number:</b>   | CM14-0171849 |                              |            |
| <b>Date Assigned:</b> | 10/23/2014   | <b>Date of Injury:</b>       | 07/10/2000 |
| <b>Decision Date:</b> | 11/25/2014   | <b>UR Denial Date:</b>       | 10/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/17/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64-year-old male with a date of injury of 07/10/2000. The listed diagnoses per [REDACTED] are: 1. Thoracic/lumbosacral neuritis/radiculitis, unspecified. 2. Lumbago. 3. Post-laminectomy syndrome, lumbar region. 4. Cervicalgia. According to progress report, 10/06/2014, the patient presents with low back pain with bilateral leg pain. Average pain is rated as 7/10 and functional level is rated as 8/10. Diagnostic studies were noted as, "MRI at Sach, L2/L3, with disk bulge, L5/S1 with right lat recess stenosis." This MRI was not provided for my review, and the date of this imaging is not indicated. Patient's current medication regimen includes: Fentanyl patches, Neurontin, and Norco 10/325 mg. Examination of the lumbar spine revealed ongoing low back pain and leg pain. "He looks debilitated. He has c/o baseline pain as well. He has mild antalgic gait. He is using a cane to ambulate." The treater is recommending patient continue Norco 10/325 mg #180 with 1 refill. He is also requesting "new LMRI now, given current symptoms, to r/o causes above his fusion." Utilization review denied the request on 10/15/2014. Treatment reports from 04/15/2014 through 10/06/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180, with 1 Refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPI.

**Decision rationale:** This patient presents with chronic low back pain with bilateral leg pain. The treater is requesting Norco 10/325 mg #180 with 1 refill. The California MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates that the patient has been taking Norco since at least 04/15/2014. The treater has provided random urine drug screens to monitor adherence. There are continual pain assessments provided on progress reports which indicate average pain levels and average functional levels. There are no discussions regarding any specific functional improvement or changes in ADLs with Norco use. Progress reports do not discuss significant change in work status, or return to work attributed to medications either. In addition, there is no discussion of possible adverse side effects as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Treatment is not medically necessary and appropriate.

**Lumbar Spine MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI Imaging

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

**Decision rationale:** This patient presents with chronic low back pain with bilateral leg pain. The treater is requesting a new lumbar MRI given patient's current symptoms and to rule out causes above his fusion. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The treater discusses the results of an MRI in his 10/6/14 report. The date of the MRI is not noted. Utilization review indicates that the request for lumbar MRI was certified on 7/15/14. On 10/6/14, the treater requested a "new MRI." In this case, the patient has already been certified for an MRI and a repeat or duplicate authorization is not necessary. Treatment is not medically necessary and appropriate.

