

<b>Case Number:</b>	CM14-0030105		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Illinois. 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 male with acute onset of low back pain with left lower extremity symptoms after a December 21, 2011 injury. He has not had surgery. Notes from the treating physician were reviewed from May 6, 2013 through February 1, 2014. The injured worker's pain is consistently 7/10 and more on standing and walking than sitting. He exhibits low back tenderness with paraspinal tenderness, positive straight leg raise, pain greater with back extension than flexion and antalgia. His diagnoses include trochanteric bursitis, sacroiliitis, lumbar sprain with left greater than right radiculopathy, facet syndrome, and chronic pain syndrome. His urine toxicity screens are consistently negative except August 1, 2013 positive for opiates. He has received multiple modalities of treatment to date: lumbar epidural steroid injection, pain psychology consult, physical therapy and medications including: meloxicam, longstanding Norco, motrin, Voltaren gel, diclofenac, topiramate, amitriptyline, nabumetone, Amelor, lidoderm patch, and neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG 1 TAB Q8 HR PRN PAIN #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Opioids Official Disability Guidelines (ODG), Pain, Opioids.

**Decision rationale:** Under the Chronic Pain Medical Treatment Guidelines, the worker has not exhibited overall improvement in functioning, has not returned to work, and has continued pain. For chronic back pain, Chronic Pain Medical Treatment Guidelines supports short-term pain relief, but longterm efficacy is unclear. It states that failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Limited information indicates that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. The Official Disability Guidelines also states that opioids are not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse or substance abuse. Opioids appear to be useful but should be limited for short-term pain relief in patients with serious low back pain. Long-term usefulness is unclear, and there is also limited evidence for the use of opioids for chronic low back pain. Failure of activity level to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56%. Therefore, because the injured worker has not had functional pain relief after a substantially long trial of Norco demonstrated by return to unrestricted work, tapering of medications of improvement of symptoms, Norco is not medically necessary.