

<b>Case Number:</b>	CM14-0182741		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 45 year old male with a work injury to his low back dated 7/21/12. The mechanism of injury occurred when he was lifting a box of strawberries in the course of his work. The diagnoses include lumbosacral spondylosis without myelopathy, myalgia not otherwise specified, chronic pain syndrome, lumbar disc displacement without myelopathy, dysthymic disorder, sleep disturbance not otherwise specified. Under consideration are requests for Norco 5/325mg #60 RF-1 date of request 9/19/14; Tramadol HCL ER 100mg #30 RF-1 date of request 9/29/14; Hydrocodone-acetaminophen 2.5-325mg #60 RF-1 date of request 9/29/14. There is a 9/25/14 progress note that states that the patient is off of work due to limitations imposed by pain and suffering from the industrial injury. The patient complains of low back and right leg pain. The pain is partially relieved by the use of analgesic medications and various types of injection therapy. The pain is appreciably lessened by their current treatment regimen. They confirm that they are better able to perform activities of daily living while they are receiving the current treatments. They express understanding in regards to the overall goal of their treatment being an increased level of daily function. They report that the use of their medications does produce an appreciable degree of pain relief. They have signed a medication agreement in regards to their medication therapy. The patient has been compliant with random urine screens. In regards to their opiate medications and other controlled substances specifically, they confirm that the medications are effective in providing them with an increased level of function and they desire to keep taking them, they are reportedly taking the lowest allowable dose that maximizes their function, they have not experienced serious undue adverse side effects (unless otherwise noted) from them, they are using their controlled substances as prescribed (unless otherwise noted), and they have not displayed aberrant drug behaviors or signs of diversion since their last visit. They have been advised of other treatment options such as

physical therapy, injection therapy, and injections. The patient presents with low back pain. He states chiropractor treatment has been helpful and wants to further his visits. Pain meds have been helpful He complains of right shoulder pain. The current medications include Cyclobenzaprine, Hydrocodone/acetaminophen, Lansoprazole, Topamax, and Tramadol. On exam the patient is in no acute distress. He relies on an assistive device for ambulation Appearance of the extremities is normal. Palpation of the region reveals prominent areas of tenderness in the region concordant with the patient's described area of pain. Deep palpation results in distal radiation of the pain. They exhibit a globally and regional reduced range of motion. The patient exhibits overall normal stability in their joints. Muscle strength is reduced in the quadriceps Patient is not able to toe and heel walk. The patient does have palpable taut bands in the area of their pain. They appear to have soft tissue dysfunction Mild spasm is present in the lumbar paraspinal and the gluteal region. Straight leg raise of the affected side reproduces the patient's radicular symptoms. Lateral rotation and extension of the spine produces concordant pain in the affected area. The patient's coordination is generally normal. A Romberg test performed on the patient, was normal. Examination of the deep tendon reflexes reveals the patellar reflex is decreased. Sensation of the region reveals dysthetic sensations throughout the affected area. They are alert and oriented. During the encounter they exhibit a depressed mood as it pertains to their ongoing chronic pain condition. He has decreased sensation to pinprick along the anterior and lateral portion of the leg. The treatment plan includes continue medications, L1-L2 transforaminal epidural steroid, chiropractic care.

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

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

**Norco 5/325mg #60 RF-1 date of request 9/19/14.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Norco 5/325mg #60 RF-1 date of request 9/19/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. The patient has not returned to work. The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There is no objective documentation of random urine drug testing results, objective documentation of a signed pain contract. The patient has not been able to return to work. There

is no specific evidence of functional improvement. The request for Norco 5/325mg #60 RF-1 date of request 9/19/14 is not medically necessary.

**Tramadol HCL ER 100mg #30 RF-1 date of request 9/29/14.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Tramadol HCL ER 100mg #30 RF-1 date of request 9/29/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. The patient has not returned to work. The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There is no objective documentation of random urine drug testing results, objective documentation of a signed pain contract. The patient has not been able to return to work. There is no specific evidence of functional improvement. The request for Tramadol HCL ER 100mg #30 RF-1 date of request 9/29/14 is not medically necessary.

**Hydrocodone-acetaminophen 2.5-325mg #60 RF-1 date of request 9/29/14.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Hydrocodone-acetaminophen 2.5-325mg #60 RF-1 date of request 9/29/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. The patient has not

returned to work. The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There is no objective documentation of random urine drug testing results, objective documentation of a signed pain contract. The patient has not been able to return to work. There is no specific evidence of functional improvement. The request for Hydrocodone-acetaminophen 2.5-325mg #60 RF-1 date of request 9/29/14.