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| <b>Case Number:</b>   | CM14-0188586 |                              |            |
| <b>Date Assigned:</b> | 11/17/2014   | <b>Date of Injury:</b>       | 08/17/2005 |
| <b>Decision Date:</b> | 01/07/2015   | <b>UR Denial Date:</b>       | 10/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/10/2014 |

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 19, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; subsequent spinal cord stimulator implantation; adjuvant medications; and a cane. In a Utilization Review Report dated October 23, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes. The claims administrator stated that its decision was based on progress note dated October 8, 2014, and a RFA form dated October 16, 2014. The applicant's attorney subsequently appealed. In July 31, 2014 progress note, the applicant stated that he was struggling with severe low back pain radiating to the bilateral lower extremities. The applicant stated that Medrol Dosepak had not been altogether successful, and that Lyrica had likewise been only marginally successful. The applicant's medications included tramadol, Lyrica, and Medrol. 7 to 8/10 pain with medications was noted versus 10/10 without medications. The applicant was using a cane to move about. The applicant was having difficulty standing and walking, was uncomfortable, and stated that his spine cord stimulator was not providing adequate pain control. The applicant stated that he did not have any overt side effects and felt that medications were ameliorating his ability to perform activities of self care, personal hygiene, and were increasing his standing and walking tolerance to some extent. In a progress note dated September 10, 2014, the applicant reported severe low back pain radiating to the bilateral lower extremities. The attending provider felt that Norco was not proving adequate pain relief. The applicant was presently using Norco, Lyrica, and diclofenac, it was stated. 6 to 7/10 pain was appreciated with medications and 10/10 without medications. The attending provider stated that the applicant would be bed bound without his opioids. The applicant was given refills of Norco and Lyrica and asked to resume usage of methadone. The

remainder of the file was surveyed. It does not appear that October 8, 2014 progress note and/or associated October 16, 2014 RFA form were incorporated into the independent medical review packet. On August 13, 2014, the attending provider alluded to the applicant's having previously been admitted for opioid detoxification purposes between April 8, 2014 and April 18, 2014.

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

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

**Norco 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to have returned to work. The applicant's work status was not outlined in any progress notes, referenced above. The applicant's continued complaints of severe low back pain and the inadequacy of Norco and other medications does not make a compelling case for continuation of the same. The attending provider's comments to the effect that the applicant be bedbound without his medications likewise does not constitute substantive or meaningful improvement achieved as a result of ongoing Norco usage. The applicant's reduction in pain scores from 10/10 without medications to 7 to 8/10 with medications likewise appears to be marginal to negligible and is outweighed by the applicant's failure to return to work, as well as the attending provider's previous comments that the applicant had to be detoxified off of opioids at an earlier point in time. Therefore, the request is not medically necessary.