

<b>Case Number:</b>	CM14-0197302		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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 51 year old female with an injury date of 12/17/13. The 09/11/14 progress report states that the patient presents with lower back pain with radicular symptoms into the lower extremities along with weakness in the left foot. She is requesting use of a single point cane. The patient is temporarily totally disabled for the next 6 weeks. Examination of the lumbar spine reveals tenderness to palpation of the paravertebral musculature and sciatic notch region. There are trigger points and taut bands with tenderness to palpation noted throughout. Examination also shows decreased motor strength with dorsiflexion of the left foot and ankle and extension of the great toe. There is decreased sensation in the poster lateral thigh and lateral calf and dorsum of the foot in the L5-S1 distribution. The patient's diagnoses include lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy with left significantly greater than right and medication-induced gastritis. On 09/11/14 the physician indicates the patient received the first of 2 L5-S1 bilateral ESI's with at least 60% pain relief to the lower back and radicular symptoms. Relief lasted 10 days with greatly improved ADL's and decreased use of medication. However, over the last few days' pain returned and the patient resumed use of Norco. The patient also received benefit from trigger point injections for one week (dates unknown). She has electrodiagnostic findings (05/13/14) of bilateral S1 radiculopathy. The patient is referred for chiropractic treatment and has received physical therapy. Current medications are listed as Norco, Anaprox and Prilosec. The utilization review being challenged is dated 10/24/14. Progress reports were provided from 12/23/13 to 09/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** 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 CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

**Decision rationale:** The patient presents with lower back pain radiating into the lower extremities along with weakness in the left foot. Pain is rated 7/10. Multiple reports request for Norco. The 10/24/14 utilization review states the request is dated 10/24/14. MTUS Guidelines pages 88 and 89 states, "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 4As (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. It appears the patient has been prescribed Norco since at least 04/10/14. On 09/11/14 the physician indicates the patient receives good pain relief through use of Norco and Anaprox. The reports show that pain is routinely assessed through the use of pain scales. Reports from 12/23/13 to 09/11/14 show pain was rated as 8/10, 4/10, 5-9/10, 6/10, 6-9/10 and 7/10. However, no specific ADL's are mentioned to show a significant change with use of this medication. Furthermore, opiate management issues are not addressed. No Urine Toxicology reports are provided or documented. There is no discussion of adverse side effects or behavior. No mention is made of CURES. No outcome measures are provided as required by MTUS. The 4As have not been sufficiently documented as required. The request is not medically necessary.