

<b>Case Number:</b>	CM14-0198550		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/18/2009
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/10/2014
<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 Rehab, 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 45 year old female with the injury date of 10/18/09. Per physician's report 10/16/14, the patient has low back pain at 3/10. The patient underwent a successful lumbar facet rhizotomy at bilateral L3, L4 and L5 on 09/18/14, which provided at least 80% pain relief. The patient has been able to stand longer and to perform simple chores around the house including cooking and cleaning with less pain. The patient "has been able to cut back on the amount of Norco and she takes on a daily basis from 2 tablets a day to only as needed which is evident with her urine drug screen collected today." The patient is currently taking Norco, Ultram ER, Anaprox. The patient had CT scan of the abdomen, which reveals a possible ulcer, possible H. pylori. Per 09/12/14 progress report, there is tenderness over the posterior lumbar musculature with increased muscle rigidity. MRI from 08/05/13 shows 3mm disc bulge with associated facet arthropathy at L4-5 and L5-S1. The patient received Norco, Ultram ER and Prilosec and the treating physician prescribed Lidopro topical cream, Biaxin and amoxicillin. The lists of diagnoses are: 1) Lumbar myoligamentous injury with bilateral lower extremity radicular symptoms; 2) Lumbar facet syndrome; 3) Medication-induced gastritis. Per 08/29/14 progress report, the patient continues have an ongoing pain in her lower back at 7/10. The request for Norco #60 was modified to #30 "because the patient is using the Hydrocodone once per day not twice." "Only one month supply of this medication is allowed." Treatment reports were provided from 06/04/14 to 11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

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

**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 pain in her lower back. The patient is s/p (status post) lumbar facet rhizotomy at bilateral L3, L4 and L5 on 09/18/14. The request is for NORCO 10/325mg #60. The patient has been utilizing Norco since at least 06/04/14. Regarding chronic opiate use, MTUS guidelines page 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 4A'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. The review of the reports does not show any discussion specific to this medication. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed. There are no before and after pain scales required by the MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The utilization review letter already authorized #30 for one month supply. The request is not medically necessary.