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| <b>Case Number:</b>   | CM14-0198866 |                              |            |
| <b>Date Assigned:</b> | 12/09/2014   | <b>Date of Injury:</b>       | 12/18/2013 |
| <b>Decision Date:</b> | 01/26/2015   | <b>UR Denial Date:</b>       | 10/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/26/2014 |

### 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 injured worker is a 31 year old female with the injury date of 12/18/13. Per the utilization review letter 10/29/14, the injured worker has ongoing low back pain, radiating down her left leg, at 6/10 with medication and 10/10 without medication. The injured worker complains of right calf pain at 6/10 with medication and 10/10 without medication. The injured worker complains of right foot pain at 2/10 with medication and 8/10 without medication. The injured worker is currently taking Anaprox, Zanaflex and Norco. There is palpable tenderness overlying in the left sided facets at approximately L4-5 dermatome distribution. The injured worker presents limited range of lumbar motion. Her lumbar flexion is 14 degrees, extension is 8 degrees and lateral bending is about 20 degrees bilaterally. The lists of diagnoses are: 1) DVT, left lower extremity, ruled out by UIs 2) Left leg radiculopathy 3) Facet arthropathy 4) Disc degeneration Per physician's report 11/17/14, the treating physician requested diagnostic lumbar facet blocks at L4-5 level. "Per injured worker's history, with the use of medication, he has a higher functional status with activities of daily living, including dressing, walking, showering, etc." The treating physician goes on to state that "in regards to medications, the injured worker meets the 4A's of pain management including good analgesic effects with his current medication regimen, increased activities of daily living with the use of medications, no significant adverse side effects, and no concern of aberrant behavior. The injured worker is consistent with follow up care and does have a current pain control contract on file with our office." The utilization review letter on 10/29/14 indicates that Urine drug screens were performed on 05/02/14 and 09/08/14 with consistent findings. The utilization review determination being challenged is dated on 10/29/14. One treatment report was provided on 11/17/14 which is after utilization review determination.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

**Decision rationale:** The request is for Norco 10/325mg 1 tab PO 4hr PRN #180. None of the reports indicate exactly when the patient began taking Norco or how long the patient has been utilizing this medication. Regarding chronic opiate use, MTUS guidelines page 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 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. Review of the reports show that the treating physician has addressed urine toxicology and documentation of a pain contract. The treating physician also states that the patient meets the 4A's of pain management "including analgesic effects... increased activities of daily living... No significant adverse side effects." However, the reports lack before and after pain scales, and any specific ADL's to determine any significant improvement. MTUS require use of numerical scale or validated instrument to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.