

<b>Case Number:</b>	CM15-0131489		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	06/16/1969
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old male who sustained an industrial injury on 06/16/1969. There was no documented history of the remote injury, surgical interventions or therapies rendered. The injured worker was diagnosed with lumbar sprain/strain and lumbar facet joint arthropathy. Recent treatment to date has included diagnostic testing, lumbar epidural steroid injection, chiropractic therapy, physical therapy and bilateral L4-5 and L5-S1 facet joint medial branch block (April 30, 2015). According to the primary treating physician's progress report on June 24, 2015, the injured worker was evaluated for bilateral low back pain radiating to the buttocks. Examination demonstrated tenderness to palpation of the bilateral lumbar paravertebral muscles over L4-L5 and L5-S1 facet joints. Lumbar range of motion was restricted in all planes with extension worse than flexion. Lumbar discogenic provocative maneuvers including pelvic rock and sustained hip flexion were negative bilaterally. Pressure was noted at the sacral sulcus bilaterally. Muscle stretch reflexes were 1+ and symmetrical in all limbs bilaterally with negative clonus signs. Motor strength was 5/5 in all extremities and sensation to light touch, pinprick and vibration were intact in all limbs. Tandem walking was within normal limits. No medications were documented prior to the office visit and a urine drug screening was performed. Treatment plan consists of pain contract renewed/signed, radiofrequency ablation/rhizotomy/neurotomy, exercise and stretching and the current request for Norco 5/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, table 12-8, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with bilateral low back pain radiating to buttocks, left neck pain and left shoulder pain. The request is for NORCO 5/325 MG QTY 60. The request for authorization is dated 06/29/15. Physical examination reveals tenderness upon palpation of the bilateral lumbar paraspinal muscles overlying the L4-L5 and L5-S1 facet joints. Lumbar ranges of motion were restricted by pain in all directions. Pressure at the sacral sulcus was positive bilaterally. Patient is status post positive facet joint MBB. Patient will schedule facet joint RFA. The patient has had over 10 treatments of physical therapy and chiropractic treatments to his back, neck and shoulder. The patient signed a pain contract. An in-office random 12-panel UDS was performed. Patient's medications include Atenolol, Lovastatin, Lisinopril, Folic Acid and Aspirin. Per progress report dated 06/24/15, the patient is retired. 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. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p 90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. This appears to be the initial trial prescription of Norco. Since this is the initial trial, the treater has not had the opportunity to document medication efficacy. A UDS was performed and pain contract signed by patient. Therefore, the request IS medically necessary.