

<b>Case Number:</b>	CM15-0131549		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/27/2006
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/02/2015
<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 55 year old male who sustained an industrial injury on 2/27/06. He had complaints of back pain. Progress report dated 6/23/15 reports continued complaints of low back pain. He reports intermittent episodes of discomfort. Medication reduces his pain level from a 5-6/10 to 2-3/10. On exam, he has pain radiating to bilateral buttocks. The diagnosis is lower back pain with L4-5 disc injury. Plan of care includes continue medications, advised to stop smoking, prescription for Norco was renewed valid as of today and another on valid in 30 days. Work status: permanent restrictions. Follow up in 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90, 80.

**Decision rationale:** Based on the 06/23/15 progress report provided by treating physician, the patient presents with low back pain radiating to the bilateral buttocks. The patient is status post lumbar fusion July 2009. The request is for Norco 7.5/325mg #120 with 1 refill. Patient's diagnosis per Request for Authorization forms dated 01/16/15, 03/06/15, 05/22/15, and 06/23/15 includes lower back pain associated with L4-5 disc injury. Physical examination to the lumbar spine on 06/23/15 revealed decreased spinal mobility from L4 to sacrum. Range of motion was decreased, especially on extension 10 degrees. Positive straight leg raise test bilaterally. Treatment to date has included surgery, imaging studies and medications, which include Norco. The patient has permanent work restrictions, per 06/25/15 report. Treatment reports were provided from 11/18/14 - 06/23/15. 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 4 A'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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." 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." Norco has been included in patient's medications per progress report dated 11/18/14, and RFA's dated 01/16/15, 03/06/15, 05/22/15, and 06/23/15. It is not known when Norco was initiated. Per 06/23/15 report, treater states the patient's "use of this medication has remained stable for several months. He has not asked for early refills. He reports that use of the medication reduces his overall pain from a level from 5 to 6 out of 10 down to 2 to 3 out of 10. Use of this medication allows him to participate in ADLs such as cooking, cleaning and self-care. The patient is attempting to walk up to 20 to 30 minutes several days a week." Treater has addressed analgesia and provided some examples of ADL's. However, there are no specific discussions regarding aberrant behavior, adverse reactions, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4 A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.