

<b>Case Number:</b>	CM15-0145457		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 75 year old male, who sustained an industrial injury on 3-16-2001. He reported low back pain. The mechanism is not indicated. The injured worker was diagnosed as having chronic back pain, lumbosacral spondylosis, lumbar disc disease with myelopathy, and idiopathic peripheral neuropathy. Treatment to date has included medications. The request is for Norco. On 5-12-2015, he indicated his condition had not improved. He reported low back pain rated 6 out of 10 with medications and 8+ out of 10 without medications. He indicated Norco allows him to walk one-half of a block, ride a bicycle one mild, and go fishing with his friends. He reported no adverse effects or aberrant behaviors. The provider noted his last urine drug test was consistent. The treatment plan included refilling Norco. On 6-9-2015, the work status is noted as return to work with restrictions. He reported low back pain. There are no changes since his last exam. He rated his pain as 5 out of 10 with medications and without medications, the pain is 7 out of 10. His blood pressure is noted to be 97 over 60. The provider noted no changes since the previous exam, and there is tenderness over the lumbar spine area. The treatment plan included: Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 120, refills not specified (related to lumbar spine injury, outpatient):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS 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, 76-78, 88,89.

**Decision rationale:** The current request is for Norco 10/325 mg Qty 120, refills not specified (related to lumbar spine injury, outpatient). The RFA is dated 06/09/15. Treatment to date has included medications. The patient is not working. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 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." The injured worker was diagnosed as having chronic back pain, lumbosacral spondylosis, lumbar disc disease with myelopathy, and idiopathic peripheral neuropathy. Per report 6-9-2015, the patient continues with low back pain rated 05/10 with medications and 7/10 without. Examination revealed tenders over the lumbar area, decreased and painful ROM and slow and guarded gait. The treater has requested a "refilling" of Norco. In this case, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain" (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). However, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.