

<b>Case Number:</b>	CM15-0149533		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/06/1998
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2015

### 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 63 year old female, who sustained an industrial injury on October 6, 1998. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbosacral spondylosis, acquired spondylolisthesis, unspecified thoracic lumbosacral neuritis radiculitis, sprain and strain distal tibiofibular, sprain strain calcaneofibular, ankle osteoarthritis, ankle and foot traumatic arthropathy, closed fracture metatarsal and unspecified enthesopathy ankle tarsus. Treatment to date has included diagnostic studies, lumbar medial branch blocks and medication. She reported at least 50% relief of lower back pain with lumbar medial branch block. On July 8, 2015, the injured worker complained of increased back pain since prior exam. Her lower back pain was described as moderate to severe. Lumbar spine range of motion was noted to be decreased. The treatment plan included lumbar epidural injections, lumbar medial branch blocks and medication. On July 31, 2015, Utilization Review non-certified the request for Norco 10 325mg #195, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 240 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**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 patient presents with moderate to severe low back pain. The current request is for Norco 10/325 mg, 240 count. The RFA is dated 07/09/15. Treatment to date has included physical therapy, diagnostic studies, lumbar medial branch blocks and medication. The patient's work status is not addressed. 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." The patient has been utilizing Norco since at least 01/29/15. According to progress report 07/08/15, the patient presents with increased back pain that radiates into the lower extremities and decreased range of motion. Reports 01/29/15 through 07/08/15 notes that the patient "needs a refill of her Norco today as she does at every appointment". There is no specific discussion regarding medication efficacy. The treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long term opiate and there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. In addition, MTUS page 80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." 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." This request is not medically necessary and recommendation is for slow weaning per MTUS.