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| <b>Case Number:</b>   | CM15-0161884 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 08/19/1983 |
| <b>Decision Date:</b> | 10/02/2015   | <b>UR Denial Date:</b>       | 07/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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 57 year old male, who sustained an industrial injury on 8-19-83. The injured worker was diagnosed as having chronic low back pain, lumbar spondylosis, lumbar spine degenerative disc disease at L5-S1, and mechanical low back pain. Treatment to date has included L4-5 and L5-S1 rhizotomy on 1-20-15, physical therapy, bilateral medial branch blocks at L4-S1 on 10-9-14, and spine surgery in 1983. The injured worker had been taking Norco since at least 1-9-15. On 4-21-15 pain was rated as 7-8 of 10 and on 6-1-15 pain was rated as 8 of 10. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Norco 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QID as needed #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications. Decision based on Non- MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, 2015, Pain Chapter, Opioids, criteria for use.

**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 ongoing low back pain rated 8/10. The request is for Norco 10/325MG QID as needed #120. The request for authorization is not provided. The patient is status post rhizotomy to the L4-5 and L5-S1, 01/20/15. Status post spine surgery, 1983. Physical examination reveals tenderness to palpation over the left and right lumbar lower facet region. Patient had 24 sessions of physical therapy with temporary relief. Bilateral medial branch block on 10/09/14 with good relief. Patient's medications include Norco, Dilantin, and Warfarin. No aberrant behavior. The possible alternatives, risks, complications, and side effects of the medication were discussed with the patient. The patient's work status is not provided. MTUS, Criteria for use of Opioids Section, 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." Patient has been prescribed Norco since at least 10/23/14. Per progress report dated 06/29/15, treater states "as needed for severe pain." In this case, treater does not discuss how Norco decreases pain and significantly improves patient's activities of daily living with specific examples of ADL's. 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." No numerical scales or validated instruments are used to address analgesia. Treater has mentioned no aberrant behavior and provided UDS and CURES reports dated 06/29/15 for review. MTUS requires adequate discussion of the 4A's. The treater has documented some but not all of the 4A's as required by MTUS guidelines. Given the lack of documentation, this request is not medically necessary.