

<b>Case Number:</b>	CM15-0163788		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 43 year old male, who sustained an industrial injury on 06-07-201 secondary to lifting a 40 pound box resulting in low back and right leg pain. On provider visit dated 06-29-2015 the injured worker has reported low back pain. On examination the lumbar spine revealed guarding and spasm and positive straight leg raise was noted. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity noted. Hand written notes were difficult to decipher. The diagnoses have included lumbosacral musculoligamentous sprain-strain with right lower extremity radiculitis. Treatment to date has included medication. The provider requested Norco 5/325 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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:** Based on the 6/19/15 progress report provided by the treating physician, this patient presents with low back pain with increasing radicular symptoms of right lower extremity with numbness/tingling. The treater has asked for but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient states that low back pain worsens with activities of daily living, bending, stooping, lifting, or carrying per 6/29/15 report. The patient is to continue with a home exercise program per 2/23/15 report. The patient has a positive straight leg raise with paresthesias into the right lower extremity per 2/23/15 report. The patient's work status is "return to full duty" as of 2/23/15 report. MTUS Guidelines Criteria for use of Opioids Section under Long-Term Users of Opioids, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Criteria for use of Opioids Section under Therapeutic Trial of Opioids, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). MTUS, Opioids for Chronic Pain section, pg 80: "Chronic 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". MTUS, Opioids for Chronic Pain section, pg 81: "Nociceptive Pain: 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)." The treater does not discuss this request in the reports provided. Patient has been taking Norco since at least 4/6/12 and in reports dated 4/27/15 and 6/19/15. MTUS requires appropriate discussion of all the 4A's; in addressing the 4A's, the treater does discuss that this medication significantly improves patient's activities of daily living, including standing/walking ability and sitting ability, both improved from hour to 1 hour. Pain with meds is 3-4/10, and pain without meds is 7-8/10, with duration of relief stated to be at 12 hours per 6/29/15. A UDS on 2/13/15 showed consistent with prescribed medications. MTUS pg. 80 states the following regarding opiate use for 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 in certain situations as MTUS pg. 81 states: "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 resulting in nociceptive pain. Long-term use of opiates is not supported for chronic low back pain. The request is not medically necessary.