

<b>Case Number:</b>	CM15-0164862		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 58 year old male, who sustained an industrial injury on 10-19-2012. He reported low back pain. Diagnoses have included mid back pain secondary to myofascial pain syndrome, recurrent low back pain with left L4, L5 radicular pain secondary to lumbar degenerative disc disease, lumbar facet arthropathy and weakness and paresthesias in the left foot secondary to lumbar nerve root irritation. Treatment to date has included chiropractic treatment, epidural steroid injection and medication. According to the progress report dated 7-17-2015, the injured worker complained of low back pain. He also complained of pain in the left leg. He stated he worked full time. He reported taking Norco before work so he could work and function. Physical exam revealed a slightly antalgic gait. Palpation of the thoracic paraspinal muscles elicited mild tenderness in the lower thoracic area bilaterally. Palpation of the lumbar spine elicited moderate tenderness in the lower lumbar area. Straight leg raise was positive in the left lower extremity. Authorization was requested for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with severe low back pain radiating to the buttocks, left lateral posterior thigh and calf. The request is for NORCO 5/325MG #30. The request for authorization is dated 07/21/15. Physical examination reveals palpation of the thoracic paraspinal muscle elicits mild tenderness in the lower thoracic area bilaterally. Palpation of the lumbar spine elicits moderate tenderness in the lower lumbar area. Palpation of the lumbar paraspinals muscles elicits moderate tenderness in the lower lumbar area on the left. Palpation of the buttock elicits mild tenderness on the left. Mild weakness in the left EHL. Sensation was decreased to pinprick in the left lateral calf and left 1st web space and left medial top of foot, which is L4, L5 and S1 nerve root distribution. Discogenic stress maneuvers were pain provoking. Straight leg raise was positive in the left lower extremity. Lumbar flexion is painful. The patient has had epidural steroid injections. He states he had chiropractic treatment, which made no difference for his pain. Medication reduces his pain level. Per progress report dated 07/17/15, the patient is working full time with lifting limitations. 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 07/17/15, treater's reason for the request is "He takes Norco daily before work which he can work and function." Patient has been prescribed Norco since at least 03/20/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is documentation regarding adverse effects but not regarding aberrant drug behavior. No UDS, CURES or opioid contract is provided for review. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.