

<b>Case Number:</b>	CM15-0169524		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	09/05/2002
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 59-year-old male who sustained an injury on 9-5-02. The medical records indicate that the injured has low back pain and left buttock pain related to an injury while lifting an item in an attack and his back popped. This was followed by a subsequent injury where he was hit by a crane that worsened his pain. The PR2 from 6-30-15 report he currently has back pain that was rated as 7 out of 10. The pain is stabbing and electrical. He used to take Lyrica 150 for neuropathic pain and Gabapentin was found to be ineffective; opioids (not listed) were denied so he was paying his medications to prevent withdrawal and to get relief of pain. He had lumbar epidural steroid injections in the past that were somewhat helpful. Diagnoses include lumbago; lumbosacral spondylosis without myelopathy; depressive disorder; post-laminectomy syndrome of lumbar region; acquired spondylolisthesis. The medications included Morphine ER 60 mg, extended release; Norco 5 mg-325 mg tablet, 1 every 4-6 hours as needed. The IW is paying himself. The pain management progress report from 7-30-15 indicates symptoms of low back pain and he is requesting a refill of his medications. He denies significant medication side effects and states that he is more functional with the pain medications. Upon examination his lumbar spine has tender trigger points in the low lumbar areas bilaterally; tenderness over the lower facet joints; mildly tender to palpation on the right; left and right lateral flexion 60% expected range of motion and elicits a marked pain response. He is able to rise up on toes with difficulty; deep tendon reflexes are present and equal bilaterally. Current requested treatments prescription of Norco 5- 325 mg #150. The utilization review 8-18-15 decision for Norco 5-325 mg #150 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 5/325mg #150:** 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): Opioids, criteria for use.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, the worker had not returned to work and there was no objective quantifiable documentation of any improvement in pain or function other than a general statement of "He reports medications help reduce pain and facilitate activities of daily living". This request is not medically necessary.