

<b>Case Number:</b>	CM15-0183236		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/14/2002
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 4-14-02. The documentation on 8-3-15 noted that the injured worker has complaints of back pain, radiating down into both legs. The injured worker is confined in a wheelchair and cannot ambulate without a chair and his right lower extremity is in a rigid knee brace. Lumbar spine examination revealed a severe amount of muscle spasm in paraspinal muscles and tenderness is noted in the lumbosacral junction and tenderness in the L4, L5, S1 (sacroiliac) and S2 spinous process, sacroiliac joint tenderness. Straight leg raising is positive, lasegue's is positive, patrick's is positive and sciatic stretch test is positive. There is weakness in the lower extremity musculature and hypoesthesia at L5-S1 (sacroiliac) dermatome to touch and pinprick. Lumbar spine x-rays showed advanced degenerative disc disease at L4-5 and L5-S1 (sacroiliac) with moderate to severe degenerative disc disease at L3-4, 5 millimeter spondylolisthesis of L3 on L4. Magnetic resonance imaging (MRI) of the lumbar spine on 3-24-15 revealed L3-5, 5 millimeter anterolisthesis of L3 on L4 with 3.5 millimeter posterior osteophyte disc complex; L4-5, 4 millimeter anterolisthesis of L4 and L5 and 3 millimeter posterior disc protrusion and L5-S1 (sacroiliac), 5 millimeter posterior disc protrusion, moderate to severe narrowing of L5-S1 (sacroiliac) neuroforamen. The diagnoses have included chronic spinal stenosis with lumbar degenerative disc disease and osteoarthritis of the hips and knees. Treatment to date has included norco; neurontin and injections. The injured worker remains temporarily totally disabled. The original utilization review (9-9-15) partially approved a request for norco 10-325

#90 (original request for #180) to allow for weaning. The documentation noted in the Utilization Review that a peer review dated 3-25-15 modified a request for norco 10-325mg #180 to #150.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg #180:** 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:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.