

<b>Case Number:</b>	CM15-0184319		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	11/14/2001
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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:

This is a 67-year-old male with a date of industrial injury 11-14-2001. The medical records indicated the injured worker (IW) was treated for chronic low back pain, currently flared with underlying degenerative disc and facet disease; bilateral hip pain most likely secondary to bursitis; and marginal pain control. In the progress notes (8-11-15), the IW reported increased pain across the low back into both hips, rated 8 out of 10. He had left knee surgery and the physical therapy for this seemed to bother his low back. He was taking Norco (since at least 2014) and Cymbalta; a Medrol Dosepak was added for the current flare-up of pain. The IW was also advised to apply a topical anti-inflammatory cream over the trochanteric bursae for pain. The 3-10-15 progress notes stated Norco decreased his usual pain level of 6 down to 2 or 3 out of 10. He was taking one to three Norco per day; he did not fill his 12-9-14 prescription due to his low usage. On examination (8-11-15 notes), he walked with a cane and wore a soft knee brace on the left knee. His gait was slow and cautious with a slight limp. He relied heavily on the arms of the chair to rise from a seated position. There was tenderness to palpation over the trochanteric bursa bilaterally and on either side of the midline from about L3 to the sacrum. Range of motion was decreased secondary to back pain. Treatments included radiofrequency ablations, which were beneficial and medications. The IW was permanent, stationary, and retired. There was no mention of a pain management contract and there was no urine toxicology screen submitted. A Request for Authorization dated 8-13-15 was received for retrospective Norco 10-325mg #120. The Utilization Review on 8-26-15 non-certified the request for retrospective Norco 10-325mg #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Norco 10/325mg #120 (unknown DOS): 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 was injured on 11/14/01 and presents with chronic low back pain with bilateral hip pain. The retrospective request is for Norco 10/325 mg #120 (unknown DOS). The RFA is dated 08/13/15 and the patient is retired. He has been taking this medication as early as 03/10/15 and treatment reports are provided from 03/10/15 to 08/11/15. 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 4 A's (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, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The 03/10/15 report states that without medications, the patient rated his pain as a 6/10 and with medications, he rated it as a 2-3/10. The 03/25/15 and 04/16/15 report states that the patient rated his pain as a 6-8/10. The 08/11/15 report indicates that he rated his pain as an 8/10. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs, which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco is not medically necessary.