

<b>Case Number:</b>	CM15-0185889		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	10/19/1998
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 60 year old female, who sustained an industrial injury on 10-19-98. The injured worker has complaints of chronic intractable low back pain and lower extremity pain secondary to industrial injury. The documentation on 8-14-15 noted that the injured worker states that she is in a lot of pain and that she has shingles and her scoliosis is really bad. The documentation noted that the injured worker had onset of shingles five days prior. The injured workers pain level is 7 out of 10 with intervals as low as 7 and sometimes higher than 8 out of 10. Examination revealed pump pocket is intact in the right lower quadrant without erythema, exudate or induration. The diagnoses have included lumbar degenerative disc disease with intractable low back pain; scoliosis exacerbated by industrial injury and shingles non-industrial. Treatment to date has included intrathecal drug delivery system; norco; cymbalta and triamcinolone cream. The original utilization review (8-26-15) denied the request for norco 10/325 #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg qty 240.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** Based on the 8/14/15 progress report provided by the treating physician, this patient presents with chronic intractable low back pain and lower extremity pain rated 7/10 on VAS scale. The treater has asked for NORCO 10/325 MG QTY 240.00 on 8/14/15. The patient's diagnoses per request for authorization dated 8/20/15 are lumbar DDD, scoliosis, depression, lumbar radiculopathy, explant pump. The patient is s/p implantation of intrathecal drug delivery system per 8/14/15 report. The patient is s/p onset of shingles 5 days ago per 8/14/15 report. The patient is able to do activities of daily living and does not use any assistive devices for ambulation per 7/20/15 report. The patient's work status is not included in the provided documentation. 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, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states that "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, OPIOIDS FOR CHRONIC PAIN Section, page 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 3/5/15 and in reports dated 4/27/15, 7/20/15 and 8/14/15. MTUS requires appropriate discussion of all the 4 A's; however, in addressing the 4 A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A urine drug screen on 6/12/15 was consistent, but no CURES and no opioid contract were provided in documentation. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. In addition, 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. Therefore, the request IS NOT medically necessary.