

<b>Case Number:</b>	CM15-0186241		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 34 year old male, who sustained an industrial-work injury on 6-4-10. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar intervertebral disc without myelopathy. Treatment to date has included medication and diagnostics. MRI results were reported on 6-11-15 of the lumbar spine revealing L4-5 5 mm broad based disc bulge, facet and ligamentum flavum hypertrophic resulting in moderate canal stenosis and bilateral neuroforaminal narrowing. At L5-S1 a 2-3 mm broad based disc folds and bilateral facet arthrosis are present which results in bilateral neural foraminal narrowing without canal stenosis. Currently, the injured worker complains of low back pain rated 5-7 out of 10. Per the primary physician's progress report (PR-2) on 8-7-15, exam notes positive straight leg raise on the right side, and diffuse non-dermatomal decreased sensation over the right leg. Current plan of care includes pain management, Norco, and Gabapentin. The Request for Authorization requested service to include Norco 5/325 mg, #60 and Pain management consult. The Utilization Review on 8-19-15 denied the request for Norco 5/325 mg, #60 and Pain management consult, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009 and ACOEM Chapter 7 - Independent Medical Examinations and Consultations, pages 127, 156; Official Disability Guidelines (ODG), Pain Chapter (updated 7/15/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg, #60:** 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, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2010 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 5/325 mg, #60 is not medically necessary and appropriate.

**Pain management consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations, pages 127, 156; Official Disability Guidelines (ODG), Pain Chapter (updated 7/15/15).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Follow-up Visits.

**Decision rationale:** This patient sustained a low back injury in June 2010 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Pain management consult is not medically necessary and appropriate.