

<b>Case Number:</b>	CM15-0188629		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	03/21/2006
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 54 year old male with a date of injury on 3-21-2006. A review of the medical records indicates that the injured worker is undergoing treatment for severe bilateral sacroiliac joint pain, cervical spondylosis with radiculopathy, chronic, persistent cervicogenic headaches, depression secondary to chronic pain and chronic bilateral C5 radiculopathy. Medical records (2-19-2015 to 8-27-2015) indicate ongoing neck and upper extremity pain. The injured worker also complained of low back pain radiating into both lower extremities. He rated his pain 7 to 8 out of 10 with medication and 10 out of 10 without medication. According to the progress report dated 8-27-2015, the injured worker had completed physical therapy for his low back and sacroiliac joint pain. He noted improvement in pain and function. He reported increasing numbness, pain and weakness in his left lower extremity. The injured worker reported 30% improvement in pain and function with medications. Per the treating physician (8-27-2015), the injured worker was not currently working. The physical exam (8-27-2015) revealed an antalgic gait. There was tenderness over the cervical and lumbar spines. Treatment has included lumbar fusion, cervical fusion, cervical epidural steroid injection, physical therapy (July 2015) and medications. The injured worker has been prescribed Norco since at least 2-19-2015. Current medications (8-27-2015) included Norco, Gabapentin, Amitriptyline and Laxacin. The treating physician indicates (7-8-2015) that the urine drug testing was consistent. The request for authorization dated 8-31-2015 included Norco. The original Utilization Review (UR) (9-3-2015) denied a request for Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 8/25/15 progress report provided by the treating physician, this patient presents with low back pain radiating to bilateral lower extremities with numbness/weakness left > right, sacroiliac joint pain, neck pain with numbness/tingling in bilateral upper extremities, with pain rated 7/10 with medication and 10/10 without medication. The treater has asked for Norco 10/325MG #120 on 8/25/15. The patient's diagnoses per request for authorization dated 8/31/15 are cervical spondylosis, cervical radiculopathy, and lumbago. The patient is s/p C4-C7 anterior fusion of C-spine from 2010 and C3-C5 anterior posterior fusion of C-spine from 2012 per 8/25/15 report. The patient is s/p cervical epidural steroid injection and 8 visits of physical therapy for L-spine with benefit per 8/25/15 report. The patient is currently using Norco, Gabapentin, Amitriptyline, and Laxacin per 8/25/15 report. The patient has recently had a flare up of back pain due to lifting heavy files per 6/7/15 report. The patient has reached MMI per 5/20/15 report. 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 4As (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 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." The treater does not discuss this request in the reports provided. Patient has been taking Norco since 5/16/12 AME report, and in reports dated 12/9/13, 2/19/15, and 7/6/15. The treater states the patient continues to note improvement in pain and improvement in function with use of Norco per 7/17/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A'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 UDS on 5/22/15 was consistent, but there was no CURES and no opioid contract provided in the documentation. Given the lack of documentation as required by MTUS, the request does not meet the

specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.