

<b>Case Number:</b>	CM15-0189186		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/01/1992
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 58-year-old male, who sustained an industrial injury on 7-1-92. He reported back pain. The injured worker was diagnosed as having lumbar radiculitis and failed back syndrome. Treatment to date has included L5-S1 fusion in 1998, L3-S1 fusion on 2-4-15, at least 4 physical therapy sessions, a home exercise program, and medication including Norco and Zanaflex. On 8-12-15 the treating physician noted "pain medications help him to do more activities of daily living and function, running errands, doing light housework, preparing meals, laundry, and self-hygiene." Physical examination findings on 8-12-15 included L3-5 paralumbar muscle spasm and tenderness with limited range of motion. Sensation was diminished to touch on the left L4-5 dermatome. On 7-23-15, pain was rated as 3 of 10 and on 8-12-15 pain was rated as 5-7 of 10 with medication. The injured worker had been taking Norco since at least July 2015. On 8-12-15, the injured worker complained of low back pain. 8-20-15 the treating physician requested authorization for Norco 10-325mg #180. On 8-25-15, the request was modified to a quantity of 45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 8/12/15 progress report provided by the treating physician, this patient presents with low back pain with bilateral foot numbness rated 5-7/10 on VAS scale with medications depending on activity level. The treater has asked for NORCO 10/325MG #180 on 8/12/15. The patient's diagnoses per request for authorization dated 8/20/15 are lumbar radiculitis and failed back syndrome. The patient has no radicular symptoms but numbness in bilateral feet on plantar surface of forefoot per 8/12/15 report. The patient's pain medications are helping him to do activities of daily living such as running errands, light housework, laundry, and self- hygiene per 8/12/15 report. The patient has decreased L-spine range of motion per 5/13/15 report. The patient is currently using Norco, Fentanyl patches, and Zanaflex, and is participating in a home exercise program per 8/12/15 report. The patient is permanently disabled per 8/12/15 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. The included progress reports are handwritten and difficult to read. Patient has been taking Norco since 2/9/15 and in reports dated 5/13/15 and 8/12/15. In requesting 8/12/15 report, the patient states that the current medication regimen, which includes Norco, is "helping him to do more ADL's." 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. There is no UDS, no CURES and no opioid contract provided. 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.