

<b>Case Number:</b>	CM15-0192445		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 51 year old male with an industrial injury dated 06-30-2011. A review of the medical records indicates that the injured worker is undergoing treatment for L5-S1 disc protrusion impinging the nerve roots, facet arthropathy and facet syndrome at L5-S1, improved leg pain since the recent injection on 1-28-2015 (left L5-S1 transforaminal injection), residual symptoms, and radiculopathy and radiculitis. In a progress report dated 07-15-2015, the injured worker reported continued residual back pain and leg pain, worse on the left. The injured worker also complained of stomach pain from anti-inflammatory medication and difficulty sleeping from back pain. According to the progress note dated 08-20-2015, the injured worker presented for reevaluation. Chief complaints included back pain, after initial improvement since the recent epidural steroid injection (ESI) and residual pain. The injured worker overall condition was noted to be stable. Pain level was 7 out of 10 with meds and 9 out of 10 without meds on a visual analog scale (VAS). Current medication includes Norco once or twice a day which helped reduce pain. Records (08-20-2015) indicate that the injured worker has signed a pain agreement and gets tested once or twice a year and has been complaint. Objective findings (07-15-2015 to 8-20-2015) revealed diminished pain to palpitation over the L5-S1 with some reduce muscle spasm areas, and pain over the facet joints and at L5-S1 and L4-5. Treatment has included diagnostic studies, prescribed medications, epidural steroid injection (ESI) and periodic follow up visits. The treatment plan included transfer of care for ongoing pain management, functional restoration program, medication management and follow up visit. Medical records indicate that the injured worker has been on Norco since at least July of 2013. The treating physician prescribed Norco 10-325 mg #120. The utilization review dated 09-01-2015, non-certified the request for Norco 10-325 mg #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325 mg #120 is not medically necessary.