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| <b>Case Number:</b>   | CM15-0193319 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 08/15/2011 |
| <b>Decision Date:</b> | 11/13/2015   | <b>UR Denial Date:</b>       | 09/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2015 |

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 45 year old male who sustained an industrial injury August 15, 2011. According to a treating physician's progress notes dated September 14, 2015, the injured worker presented with complaints of ongoing low back pain. The physician documented the injured worker had undergone a qualified medical evaluation July 16, 2015, with a recommendation to see another surgeon regarding potential surgery. In that evaluation, it was recommended the injured worker undergo L5-S1 surgery, which has been authorized. He reports his pain is managed with medication. Current medication included Norco, Celebrex, Protonix, Tramadol ER, and Gabapentin. Objective findings included; tenderness across lumbar paraspinal muscles bilaterally, pain along facets, and pain with facet loading. Diagnoses are discogenic neck condition with disc disease C3-C7; thoracic sprain; discogenic lumbar condition with MRI showing spondylolisthesis at L5-S1 and Herniation at L4-L5 (MRI done twice in 2013 and once in 2014); chronic pain syndrome. Treatment plan included discussion of planning a surgical date, TENS (transcutaneous electrical nerve stimulation) pad dispensed and prescriptions for medications provided. At issue, is the request for authorization dated September 14, 2015, for Norco 10-325mg #60. Physician documentation dated July 22, 2013, finds the injured worker prescribed Norco 10-325mg #90 for moderate to severe pain. A report of an x-ray of the lumbar spine 2 or 3 views dated July 29, 2015, is present in the medical record. According to utilization review dated September 23, 2015, the request for Celebrex 200mg #30 is certified. The request for Norco 10-325mg #60 is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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 ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. According to the note on 7/16/15 the injured worker was being treated with Tramadol ER and Norco. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/4/15. Therefore, according to the guidelines, the request for Norco is not medically necessary.