

<b>Case Number:</b>	CM15-0197263		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 29 year old male, who sustained an industrial injury on 07-22-2014. He has reported subsequent back and lower extremity pain and was diagnosed with lumbar disc displacement and lumbar radiculopathy. Treatment to date has included pain medication, physical therapy, bracing, lumbar epidural injection and chiropractic therapy. Medication was noted to provide good relief of pain. Documentation shows that Norco was prescribed at least since 02-12-2015. In a progress note dated 07-15-2015, the injured worker reported ongoing low back pain radiating down the legs and legs were noted to give way. The injured worker noted functional improvement and pain relief with the adjunct of the medication and that without medication, the pain was severe. The injured worker stated that he wished to try to return to work in some capacity. Objective findings showed tenderness in the lower lumbar paravertebral musculature, forward flexion to 45 degrees, and extension to 10 degrees and lateral bending to 30 degrees. The physician noted that the injured worker would be allowed to attempt a return to work as of 07-16-2015 with restrictions. In a progress note dated 08-12-2015, the injured worker reported an acute exacerbation of back pain. Pain was rated as 8-9 out of 10 and was reduced to a 2-3 out of 10 with the adjunct of medication. The physician noted that the injured worker had tried to return to work but that his employer informed him there was no position available within the restrictions stated. Objective examination findings revealed tenderness of the lower lumbar paravertebral musculature, forward flexion is to 45 degrees, extension to 10 degrees and lateral bending to 30 degrees. Work status was documented as temporarily totally disabled. A request for authorization of Norco 10-325 mg #60 with no refills was submitted. As per the 10-01-2015

utilization review, the request for Norco was modified to certification of Norco 10-325 mg qty: 30 without refills, certification valid from 10-01-2015 to 11-01-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #60 with no refills:** 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 for chronic pain.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 page 79, 80 and 88 of 127. This claimant was injured a year ago. The opiates have been prescribed at least since February. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.