

<b>Case Number:</b>	CM15-0202316		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	12/30/2002
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, Oregon, Washington  
 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 54-year-old male, with a reported date of injury of 12-30-2002. The diagnoses include failed back syndrome, low back pain, sacroiliitis, bilateral hip bursitis, and piriformis pain. The consultation report dated 09-21-2015 indicates that the injured worker had increasing buttock and hip pain over the last 8 to 12 months. On 08-31-2015, the injured worker complained of lumbar spine pain, with radiation down the left leg. The pain was associated with numbness and was rated 8 out of 10. The physical examination (09-21-2015) showed walking with some favoring of his left leg with a cane in the right hand; tenderness over the inferior end of the SI (sacroiliac) joints bilaterally with palpation also over the trochanteric bursa; positive pelvic rock; positive Faber's test; positive pelvic distraction test; limitation in flexion and internal rotation of the left greater than the right hip; and intact sensation. The physical examination on 08-31-2015 showed a positive stoop test, ambulation with a cane, flexion at 20-90 degrees, extension at 5-25 degrees, bilateral lateral flexion at 5-25 degrees, positive toe and heel walk, and tenderness to percussion of the paraspinal. It was noted that the injured worker had an MRI of the lumbar spine on 08-06-2015 which showed bilateral lateral recess and foraminal encroachment at L5-S1 and intact fusion. The treating physician noted that the injured worker had failed back surgery syndrome with bilateral sacroiliitis and bilateral trochanteric bursitis with piriformis spasm. The injured worker was currently disabled. The diagnostic studies to date have included a urine drug screen on 01-23-2014 which was inconsistent for Tramadol. Treatments and evaluation to date have included Norco (since at least 04-2010), Vicodin, Soma, Gabapentin, Prilosec, Ambien, Anaprox, Paxil, Ativan, topical pain cream, lumbar fusion, and Tramadol.

The request for authorization was dated 09-29-2015. The treating physician requested Norco 10-325mg #90. On 10-06-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #90.

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

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. 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 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 8/31/15. Therefore the request is not medically necessary.