

<b>Case Number:</b>	CM15-0203932		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	06/06/1996
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 70 year old male, who sustained an industrial injury on 6-6-96. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc; lumbago; lumbar spinal stenosis; chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-9-15 indicated the injured worker complains of chronic low back pain in the setting of lumbar degenerative disc disease with radiculopathy. The injured worker presents for a prescription refill and follow-up. The provider documents "patients states his pain level is 7 out of 10 with medication and 10 out of 10 without medication. Patient says his back is hurting, waiting for insurance to authorize for paying injection. He says according to judge he was approved to have injection. He says in the meantime his back pain has flared up and intolerable. Patient reports that the benefit of chronic pain medication maintenance regimen, activity restrictions, and rest continue to keep pain within a manageable level to allow patient to complete necessary activities of daily living." He reports low back surgery before 2008. He lists his medications as Norco 10-325mg every 4-6 hours and Motrin 800mg TID. On physical examination, the provider documents "lumbar-flexion is 60% restricted. Unable to extend as even attempting to stand upright ignites severe back pain. Lateral bending is 60% restricted. Negative straight leg raise. And no radiculopathy." The treatment plan included a refill of medications including Norco 10-325mg and pending authorization for diagnostic injection. A PR-2 note dated 6-3-15 included similar to same documentation except pain levels documented by the provider as: "Patient states his pain level is 5 out of 10 with medication and 8 out of 10

without medications. Patient reports that the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep pain within manageable level to allow patient to complete necessary activities of daily living. Patient has had past rhizotomies that provided over 80% relief of pain for over 6 months. We will request rhizotomy to help manage worsening pain." Medications listed on this date are Norco 10-325 every 4-6 hours and Motrin 800mg TID. A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 9-18-15 and non-certification for Norco 10-325mg #135. A request for authorization has been received for Norco 10-325mg #135.

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

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

**Norco 10/325mg #135:** Upheld

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

**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 9/9/15. Therefore the determination is not medically necessary.