

<b>Case Number:</b>	CM15-0205976		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/27/1990
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male, who sustained an industrial injury on 3-27-90. The injured worker has complaints of chronic low back pain. There is tenderness over the right splenius capitus and superior trapezius and tenderness over the splenius captious and superior trapezius bilateral. The injured worker has ileolumbar tenderness on flexion at the waist to knee and on extension. Controlled Substance Utilization Review and Evaluation System report for 8-20-15 is consistent. The diagnoses have included lumbago; chronic low back pain and chronic pain syndrome. Treatment to date has included chiropractic sessions; alprazolam and hydrocodone. The original utilization review (10-17-15) modified the request for norco 10-325mg #150 to norco 10-325mg #112.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #150: Upheld**

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

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

**Decision rationale:** The patient presents with lower back pain. The request is for NORCO 10/325MG, #150. The request for authorization form is dated 10/01/15. Patient's diagnoses include chronic low back pain; chronic pain syndrome. Physical examination reveals tenderness over the splenius capitis and superior trapezius bilaterally. Patient has ileolumbar tenderness on flexion at the waist to knee and on extension. Patient had chiropractic adjustment and relieved pain for one week. Patient had had an epidural steroid injection and it gave him over a year of no leg pain. Patient has tried physical therapy. Patient's medications include Norco, Valium, and Mobic. Per progress report dated 01/01/15, the patient is working full time. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Norco on 06/03/15. MTUS requires appropriate discussion of the 4A's, and treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples. Analgesia is not discussed, specifically showing pain reduction with use of Norco. There is no discussion regarding adverse effects and aberrant drug behavior. The use of UDS and CURES report to monitor patient is discussed. In this case, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.