

<b>Case Number:</b>	CM15-0213471		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	07/22/1998
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 71 year old female, who sustained an industrial-work injury on 7-22-98. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbago, chronic low back pain, status post double mastectomy and removal of thoracic metastasis. Treatment to date has included medication, diagnostics, and surgery (left hip for labral repair on 3-5-14). X-ray results were reported instability in the lumbar spine and neuro findings in the left lower extremity. MRI was reported on 2-3-15 to reveal trace degeneration at L2-3 retrolisthesis associated with posterior inferior L2 corner edema suggesting active inflammation and or segmental motion, degenerative L4-5 anterior listhesis, disc bulge impinging both descending L5 roots, left L4-5 and right asymmetrical facet capsulitis. Currently, the injured worker complains of chronic low back pain with radicular symptoms to the left extremity Pain is 8 out of 10 without medication and 5 out of 10 with medication. Her ability to walk was doubled from 5 minutes to 10 minutes. Meds include Norco 10-325 mg and Lyrica 75 mg along with marijuana ointment. Per the primary physician's progress report (PR-2) on 9-29-15, tapering off Norco demonstrated inadequate pain control and decline in function. Urine studies on 12-23-14 were consistent with medication regimen. Exam noted tenderness to palpation throughout the lumbar spine and in the left lumbar paraspinal region extending into the left buttock, and positive seated straight leg raise on the left. Current plan of care includes neurological consultation and medications. The Request for Authorization requested service to include Norco 10/325 mg Qty 240. The Utilization Review on 10-6-15 denied the request for Norco 10/325 mg Qty 240.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids for chronic pain. 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, return to work, or increase in activity from the exam note of 9/29/15. Therefore the determination is not medically necessary.