

<b>Case Number:</b>	CM15-0215727		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 49 year old male injured worker suffered an industrial injury on 8-2-2012. The diagnoses included cervical fusion 4-15-2015. On 7-29-2015 the provider noted lumbar spine pain rated 9 out of 10 going down both legs with cramping, numbness and tingling that was worse on the left. The pain with medication went down to 7 out of 10. The Norco recommendation at that visit was Norco 10-325mg #75 down from #80. On 9-23-2015 the provider reported he continued to have neck pain rated as 8 out of 10 and with medication goes down to 5 out of 10. The lumbar spine pain was 8 out of 10 and with medication was rated as 5 out of 10. The pain radiated down both legs with numbness and tingling. On exam there was stiffness of the cervical spine with restricted range of motion. The lumbar spine had stiffness and restricted range of motion along with decreased sensation of the right leg. Norco had been in use at least since 4-2015. Medications in use were Norco, Neurontin, Tizanidine and Amitriptyline. The provider noted the injured worker was educated about narcotic usage and a narcotic contract was reviewed. The documentation provided includes pain levels with and without medication. There was no evidence of function improvement with the medication nor was there an aberrant risk assessment. The pain levels were improved by 2 points since 7-29-2015 in the neck and back pain levels. Request for Authorization date was 9-23-2015. Utilization Review on 10-6-2015 determined non-certification for Norco 10/325mg #75.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325mg #75 is not medically necessary.