

<b>Case Number:</b>	CM15-0217099		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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:

This 29-year-old male sustained an industrial injury on 12-11-13. Documentation indicated that the injured worker was receiving treatment for chronic neck and low back pain. Past medical history was significant for diabetes mellitus. Previous treatment included epidural steroid injections, home exercise and medications. In a PR-2 dated 6-30-14, the injured worker complained of ongoing low back and right leg pain associated with numbness and tingling. The injured worker reported no improvement following epidural steroid injections on 6-9-14. The injured worker stated that medications did not improve his pain. The physician noted that the injured worker was increasing his Norco use and the dose. The injured worker had been taking Norco 10-325mg four times a day. The treatment plan included decreasing Norco to 5-325mg for taper and wean. In a PR-2 dated 9-17-15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremity associated with numbness and tingling. Physical exam was remarkable for 3 to 4 out of 5 lower extremity strength. The injured worker had completed a functional restoration program initial evaluation in July 2015. The injured worker stated that Norco improved pain and function, decreasing his pain level by 40% and allowing him to perform activities of daily living. The physician noted that the urine drug screens had been consistent with prescribed medications. The treatment plan included a prescription for Norco. On 10-7-15, Utilization Review modified a request for Norco 10-325mg #110 to Norco 10-325mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #110:** Upheld

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

**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 on 09/17/15 with lower back pain, which radiates into the posterolateral aspect of the bilateral lower extremities. The patient's date of injury is 12/11/13. Patient has no documented surgical history directed at this complaint. The request is for NORCO 10/325MG #110. The RFA appeal is dated 11/05/15. Physical examination dated 09/17/15 reveals an antalgic gait, reduced strength on extension of the bilateral lower extremities. The remaining physical examination is unremarkable. The patient is currently prescribed Norco, Hydrochlorothiazide, Lantus, Lisinopril, Lovastatin, and Metformin. Patient is currently working. 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, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." About the continuation of Norco for the management of this patient's chronic pain, the request is not supported per MTUS. Per utilization review appeal letter dated 11/04/15, the provider states the following regarding this patient's narcotic medications: "... It decreases his pain by 40%, which allows him to continue with activities of daily living with less pain. He also helps care for his young nephew, and the medication helps him tolerate these activities. It also helps him perform exercise on a regular basis for management of diabetes." It is also stated that this patient does not display any aberrant behaviors and that urine drug screening to date has been consistent with prescribed medications. In this case, the 4A's criteria have been adequately addressed. However, more importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "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)." While this patient presents with significant chronic pain complaints and has been prescribed narcotic medications long term, he does not appear to have undergone any surgical intervention for his lumbar spine and is not presumed to be suffering from nociceptive pain. Regardless of the documented efficacy of this patient's narcotic medications, without evidence of significant lumbar surgical intervention, or an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate and the patient should be weaned. Therefore, the request IS NOT medically necessary.