

<b>Case Number:</b>	CM15-0219595		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	06/04/1994
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 57 year old female, who sustained an industrial injury on 6-4-94. The injured worker was diagnosed as having low back pain, status post lumbar fusion at L4-S1, status post cervical fusion, lumbar radiculopathy, sacroiliitis, facetal pain, and possible depression. Treatment to date has included L4-S1 fusion in 2014, C4-6 fusion, epidural steroid injections, and medication including Gabapentin, MS Contin, Norco, and Ambien. Physical exam findings on 9-30-15 included antalgic gait and limited mobility in the lumbar spine. Dysesthesia was noted in the lower extremity. On 8-20-15, pain was rated as 8 of 10. On 9-17-15, pain was rated as 9 of 10. The injured worker had been taking Norco since April 2015. On 9-30-15, the injured worker complained of low back pain radiating to bilateral lower extremities. On 10-2-15, the treating physician requested authorization for Norco 10-325mg #100. On 10-7-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 was injured on 06/04/94 and presents with low back pain which radiates to the bilateral lower extremities. The request is for 1 prescription of Norco 10/325 mg #100. The RFA is dated 10/02/15 and the patient is on modified work duty until 11/30/15. The patient has been taking this medication as early as 04/30/15 and treatment reports are provided from 04/30/15 to 10/15/15. 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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The patient is diagnosed with low back pain, status post lumbar fusion at L4-S1, status post cervical fusion, lumbar radiculopathy, sacroiliitis, facetral pain, and possible depression. The 09/03/15 report states that the patient rated her pain as a 10/10 and the 09/17/15 report indicates that the patient rated her pain as a 9/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales. There are no examples of specific ADLs, which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco is not medically necessary.