

<b>Case Number:</b>	CM15-0047926		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 53-year-old male sustained an industrial injury to the low back on 8/27/12. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections, chiropractic therapy, home exercise and medications. In a PR-2 dated 1/29/15, the injured worker complained of low back pain 6/10 on the visual analog scale with radiation to the right lower extremity. Physical exam was remarkable for lumbar spine with limited and painful range of motion. Current diagnoses included right L5 radicular pain, right shoulder pain and trial of lumbar epidural steroid injections without much benefit. The treatment plan included a two month supply of Norco, continuing Prilosec and continuing walking. The injured worker reported that Norco provided him with pain relief for about 3 hours. He stated that with Norco, he was able to walk for 2 hours a day.

### 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 120, 2 times daily for Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 88.

**Decision rationale:** The request is for a two-month supply of Norco for chronic low back pain (LBP). MTUS guidelines state that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. In chronic LBP, opioids appear to be efficacious but limited for short-term relief, and long-term efficacy is unclear, but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Long-term use of opioids should be reassessed as follows: 1) Has the diagnosis changed. 2) What other medications is the patient taking. 3) What treatments have been attempted since the use of opioids. 4) Document pain and functional improvement. 5) Document adverse effects. 6) Does the patient need psychological consultation. 7) Is there an indication for screening for abuse/addiction. Reassessment and consideration for alternative treatment is lacking in this patient's medical records, this patient does not meet all the above criteria for long-term opioid use, specifically #1, #3, #5, #6, #7. Thus, the request for long-term opioids is not medically necessary.