

<b>Case Number:</b>	CM14-0125125		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	02/13/2002
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49 year old male who sustained an injury on 2/13/02. On 9/17/14 he complained of worsening left-sided low back pain radiating to his left inguinal area and his left anterior thigh. Pain was with movement and rated as 7/10. Exam was remarkable for slight flattening of the lumbar lordosis, tenderness in the lumbar paraspinal musculature, midline tenderness of the lumbar region, and decreased lumbar spine ROM. MRI of the lumbar spine revealed mild L4-5 and L5-S1 degenerative disc disease; 10 mm anterolisthesis of L5 with respect to S1 which is causing moderate narrowing of the neural foramina at L5-S1 with possible entrapment of the exiting L5 nerve roots; L3-4 and L4-5 discs showed 1 mm and 3 mm central bulges causing mild compression on the thecal sac. The patient underwent posterior lumbar interbody fusion at L5-S1 on 3/2/06. His medications include Norco and omeprazole. Past treatment included medications and physical therapy. It has been documented that Norco has been effective because it allows him to perform some ADLs and it does help him to relieve his moderate to severe pain. He had been on narcotics for a prolonged period of time, chronic Norco use had led to gastrointestinal upset and the provider emphasized that the recommendation for an NESP-R program consultation was based in part on the need to detoxify from prescription medications. UDS results on 10/11/13, 9/5/13, 8/1/13 and 5/1/13 were all inconsistent with the opioid regimen. There are prior modified certifications of Norco to allow for slow-tapering, most recently on 10/23/13. Diagnoses: Lumbar disc displacement, status post L5-S1 posterior lumbar interbody fusion 3/2/06, painful retained lumbar hardware, and history of stroke following surgery. The request for NESP-R program consultation and Norco 10/325mg #90 x1 refill was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NESP-R program consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Chronic pain programs are generally recommended. The program is the process by which the individual acquires the skills, knowledge and behavioral change necessary to avoid preventable complications and assume or re-assume primary responsibility ("locus of control") for his/her physical and emotional well-being post injury. The individual thereby maximizes functional independence and pursuit of vocational and avocational goals, as measured by functional improvement. Multiple treatment modalities, (pharmacologic, interventional, psychosocial/behavioral, cognitive, and physical/occupational therapies) are most effectively used when undertaken within a coordinated goal oriented functional restoration approach. Functional restoration can be considered if there is a delay in return to work or a prolonged period of inactivity according to ACOEM. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the medical records do not indicate that the patient is a candidate for this program as the criteria are not met. Therefore, the request is not medically necessary per guidelines.

**Norco 10/325mg #90 x1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 91, 74.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." There is no documentation of any significant improvement in pain level (i.e. VAS) or function with chronic use of Norco. There is no evidence of return to work. No ongoing rehabilitation effort such as home exercise program has been documented. The medical records indicate that multiple urine tests were inconsistent with the opioid regimen. Furthermore, tapering of Norco has been recommended. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.