

<b>Case Number:</b>	CM14-0168127		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	04/08/2011
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 38 year old patient with date of injury of 04/08/2011. Medical records indicate the patient is undergoing treatment for chronic low back pain, left lower extremity radicular pain, lumbar spondylosis, left lumbar radiculitis, lumbar facet arthropathy and left foot pain status post healed fracture of the second to fifth toe. Subjective complaints include constant pain, rated 6-7/10, described as throbbing and pins and needles. Objective findings include gait is good with good heel-to-toe pattern, tenderness and muscle spasm in the lumbar paraspinal muscle, range of motion is normal; seated straight leg raise is negative bilaterally, femoral stretch is negative; supine straight leg raise is negative bilaterally; Faber test negative; Piriformis stretch is negative; Facet load test negative; motor strength is normal and decreased sensation noted to left L5-S1 distribution. Treatment has consisted of Norco, Nortriptyline and Cymbalta. The utilization review determination was rendered on 09/19/2014 recommending non-certification of Norco 5/325 mg, # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg, # 60:** 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

**Decision rationale:** ODG does not recommend the use of opioids for 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 question for Norco 5/325 mg, # 60 is not medically necessary.