

<b>Case Number:</b>	CM14-0172820		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	09/26/2001
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 44 year old with an injury date on 9/28/01. Patient complains of low lumbar pain and stiffness rated 2/10 per 5/16/14 report. Patient states that back flexion worsens condition, as does stretching and standing per 5/16/14 report. Patient's last follow up was 4 months ago, and he's since run out of medications per 5/16/14 report. Based on the 5/16/14 progress report provided by [REDACTED] the diagnoses are: 1. facet capsular tears at L2-3, L3-4, and L4-5. MRI L-spine 4/11/09 without significant findings for disc annular disruption syndrome<sup>3</sup>. facet evaluation left L5-S1 and L4-5 on 8/28/09. Pain started at 6-7/10 and the pain decreased down to 0/10 and stayed that way for 24 hour period. This slowly increased to 72 hours at 1-2/10 indicating with highly likelihood he has facet capsular tears of his lumbosacral spine with a false positive rate in the area of 40% indicating he is a candidate for a second confirmatory injection<sup>4</sup>. MRI on 4/11/09 that is considered normal with either disc herniation or stenosis seen. Disc space height/hydration characteristics normal per levels covered. Clonus is normal over the MRI position posterior to T12 to L1.2. The lumbar MRI from 5/13/13 reveals no canal or foraminal narrowing at L1-2, L2-3 or L3-4. L4-5 shows mild facet degenerative changes and minimal dorsal disc bulge. Impression is mild spondylosis at the lower lumbar spine without significant canal or foraminal narrowing at any level. Exam on 5/16/14 showed "slightly positive straight leg raise. Pain increases with flexion/extension of L-spine." Patient's treatment history includes facet evaluation, and medication (Norco, Prilosec). [REDACTED] is requesting Norco 325mg #180. The utilization review determination being challenged is dated 9/26/14 and modifies request from #180 to #150 for purpose of a trial to taper to a lower dose or cessation. [REDACTED] is the requesting provider, and he provided treatment reports from 5/16/14 to 5/19/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 325mg-10 #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with back pain. The treater has asked for NORCO 325mg #180 on 5/16/14. It is not known how long patient has been taking Norco, but patient is currently taking Norco. For chronic opioids use, MTUS Guidelines 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 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. In this case, the treater indicates a decrease in pain with current medications which include Norco, stating "medications are very beneficial" per 5/16/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living other than walking is discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is for denial.