

<b>Case Number:</b>	CM14-0172857		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/15/2014
<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 Family Medicine 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:

This is a 37-year-old male patient who reported an industrial injury to the back on 2/7/2005, almost 10 years ago, attributed to the performance of his usual and customary job tasks. The patient reported that his posterior neck pain had resolved. The patient complained of ongoing lower back pain characterized as 8/10. The pain was reported to radiate to the right buttock, right calf, right foot, right hip, right toes, and right thigh. The patient reportedly has symptoms related to traumatic anxiety and depression. The objective findings on examination included decreased range of motion to the lumbar spine; tenderness to palpation bilaterally; lower extremity muscle testing was documented as 5/5 or 4/5. The diagnoses were lumbar displacement of intervertebral disc; right sciatica; cervical brachial syndrome; probable posttraumatic hypertension; probable posttraumatic insomnia; posttraumatic anxiety and depression; and postoperative to the lumbar spine. The patient was noted to have a HNP to the lumbar spine as evidenced by MRI. The patient received a prednisone-tapering dose with limited functional improvement. The patient was dispensed Norco 10/325 mg #120 dispensed; Tramadol ER #90; Tizanidine 4 mg #90 Prilosec 20 mg #60; and Mobic 7.5 mg #90. The patient was authorized acupuncture for back pain. A consultation with an orthopedic spine specialist was requested. The patient was also noted to get through the express pharmacy Butrans patches 15 mcg/hr with three (3) refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 30 Day Supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines Pain Chapter-Opioids Page(s): 74-97. Decision based on Non-MTUS Citation Chapter 6, pages 114-116; chapter 12 pages 300-306

**Decision rationale:** Evidence-based guidelines recommend short-term use of opioids for the management of chronic nonmalignant moderate to severe pain. Long-term use is not recommended for nonmalignant pain due to addiction, dependency, intolerance, abuse, misuse, and/or side effects. Ongoing opioid management criteria are required for long-term use with evidence of reduce pain and improve function as compared to baseline measurements or a return to work. The prescription and dispensing of Hydrocodone-APAP (Norco) 10/325 mg #120 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury 10 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical low back pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 10 years s/p DOI with reported continued issues postoperatively; however, there is no rationale supported with objective evidence to continue the use of opioids. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids. There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. There is no demonstrated medical necessity for the current prescription of Tramadol with Norco. The continued prescription and dispensing of Norco 10/325 mg #120 with is not demonstrated to be medically necessary. The patient should be weaned down and off the prescribed Hydrocodone-APAP 10/325 mg #120 and the prescribed opioids.