

<b>Case Number:</b>	CM14-0181913		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 27year old man with a work related injury dated 7/18/11 resulting in chronic pain in the low back. An MRI of the lumbar spine done 5/13/14 showed L5-S1 loss of disk hydration with a small 2-mm disk protrusion with an annular tear. The patient was evaluated by the primary treating orthopedic surgeon on 9/24/14. He complained of continued low back pain 8/10. Of note the patient has a pain level of 8/10 when on the pain medications (per office visit 8/14) or not on the pain medication. The patient was not working due to the inability to perform any type of lifting. The patient is currently not taking opioid analgesic medications for the pain as he was weaned over the preceding month. He states without the pain medication he is unable to perform ADLs. The physical exam shows a loss of lumbar lordosis and tenderness to palpation over the paraspinal muscles with muscle spasm. The neurological exam showed decreased sensation over the S1 dermatome. Diagnosis included musculoligamentous strain of the cervical and lumbar spine, 6mm disc bulge over the L5-S1 causing neuroforaminal narrowing. The treatment plan included continued use of the Norco 10/325mg, and pain management evaluation for possible epidural steroid injection. Qualified Medical Examination report dated 7/26/14 notes the patient does not demonstrate an objective anatomic basis for the pain being reported and that the patient was engaging in "conscious symptom magnification". Under consideration is the continued use of Norco 10/325mg # 60 and Pain management consultation for ESI for ongoing low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325 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 Page(s): 74-96.

**Decision rationale:** Norco 10/325mg is a combination medication including hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continued use is improved functional status. In this case there is no documentation to support the patient has failed first-line recommendations for a radicular/neuropathic pain in the low back and leg. Furthermore there is no documentation that the patient has returned to work due to functional improvement. The pain medication is not documented to decrease his pain level and he has been taking the medication for longer than 16 weeks. The continued use of norco 10/325 is not medically necessary.

**One pain management consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) 5, page 92

**Decision rationale:** According to the ACOESM a referral may be appropriate if the practitioner is uncomfortable with the line of treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an

advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the patient complains of persistent radicular low back pain despite adequate trial of conservative treatment. The referral is to a pain specialist for an epidural steroid injection for pain control therefore request is medically necessary.