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| <b>Case Number:</b>   | CM14-0215955 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 07/17/2006 |
| <b>Decision Date:</b> | 03/03/2015   | <b>UR Denial Date:</b>       | 11/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male with an injury date of 07/17/06. Based on the 12/22/14 progress report provided by treating physician, the patient complains of chronic low back pain shooting down the legs more in the left side, has numbness, tingling and shooting pain, pain across low back radiating to the hip. Per progress report dated 11/10/14, he cannot sit, stand, and walk for more than 25 to 30 minutes at a time and on bad days, not even for 10 to 15 minutes at a time. He has anxiety and depression secondary to chronic pain. The patient utilizes a cane to ambulate. Physical examination on 11/10/14 revealed tenderness to palpation across the lumbar paraspinal muscles, and pain with facet loading, along facets L3-S1. Patient cannot stand on toes and heels, cannot do Milgram testing. Straight leg raising is positive bilaterally. Patient is currently prescribed Norco, Naflon, Protonix, and Flexeril. Norco has been prescribed in treater reports dated 01/15/13 and 12/22/14. Based on progress report dated 04/25/14, "pain is constantly at 8/10, and patient "uses Norco, which decreases pain to 4-5/10." Treater states in progress report dated 12/22/14, that Norco is prescribed "for moderate-to-severe pain, which gives him at least 50% reduction in pain, from a 8/10 to 3-4/10 with the medication and also helps him to sleep through the night." The patient is status post multiple surgeries and has tried conservative treatment including medications, injections, chiropractic, TENS unit, as well as back brace, home exercises and hot and cold wrap. Patient is retired. Diagnosis 12/22/14- Discogenic lumbar condition status post three-level foraminotomy and decompression with persistent MRI changes of disc wear from L2 to S1 with anterolisthesis of L4 and L5, and S1 radiculopathy noted bilaterally by EMGs in 2013. The utilization review determination being

challenged is dated 11/24/14. The rationale is: "... determining whether or not a patient should continue on opioid medication includes consideration of the patient's functional abilities and pain level..." Treatment reports were provided from 1/15/13 - 12/22/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**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 criteria for use of opioids, medication for chronic pain Page(s): 88-89 ,76-78 60-61.

**Decision rationale:** The patient presents with chronic low back pain shooting down the legs more in the left side, has numbness, tingling and shooting pain, pain across low back radiating to the hip. The request is for 1 PRESCRIPTION NORCO 10/325 mg #60. The patient is status post lumbar three-level foraminotomy and decompression, per diagnosis dated 12/22/14. Patient is currently prescribed Norco, Naflon, Protonix, and Flexeril. Norco has been prescribed in treater reports dated 01/15/13 and 12/22/14. Based on progress report dated 04/25/14, "pain is constantly at 8/10, and patient "uses Norco, which decreases pain to 4-5/10." Treater states in progress report dated 12/22/14, that Norco is prescribed "for moderate-to-severe pain, which gives him at least 50% reduction in pain, from a 8/10 to 3-4/10 with the medication and also helps him to sleep through the night." The patient has tried conservative treatment including medications, injections, chiropractic, TENS unit, as well as back brace, home exercises and hot and cold wrap. The patient is retired. 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. Based on progress report dated 04/25/14, "... pain is constantly at 8/10. He uses Norco, which decreases pain to 4-5/10..." Treater states in progress report dated 12/22/14, "... Norco 10/325 mg (#60) for moderate-to-severe pain, which gives him at least 50% reduction in pain, from a 8/10 to 3-4/10 with the medication and also helps him to sleep through the night..." However, there is documentation regarding how Norco significantly improves patient's activities of daily living. In this case, the 4A's have not been properly addressed. There are no discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc.. No UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.