

<b>Case Number:</b>	CM15-0107632		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	02/17/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 47 year old male, who sustained an industrial injury on 02/17/2014. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/09/2015 the injured worker has reported bilateral low back pain, right ankle pain and right wrist pain. On examination of the musculoskeletal/spine examination revealed tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints. Right ankle ranges of motion were noted as restricted. Medial ankle was noted as tender and having 3+ edema on the right ankle. Lumbar ranges of motion were restricted by pain. Lumbar spasms were noted as positive. The diagnoses have included chronic low back pain, lumbar degenerative disc disease, right ankle pain and right ankle surgery. Treatment to date has included facet joint blocks and medication: Tegretol, Skelaxin, Norco 5/325mg, Ibuprofen, Flexeril, Advil and Vicodin. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity submitted for review. The provider requested Norco 5/325 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg #30:** 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) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

**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, pain relief or increased level of function improvement. Additionally, medical documents indicate that the patient has been on Norco since 2/14, in excess of the recommended 2-week limit. The UR modified the request to allow for weaning which is appropriate. As such, the request for Norco 5/325mg #30 is not medically necessary.