

<b>Case Number:</b>	CM15-0111415		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/16/1998
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 09/16/1998 resulting in pain to the low back. Treatment provided to date has included: lumbar spine laminectomy surgery at L5-S1; physical therapy (one month) without relief; S1 transforaminal epidural steroid injections with temporary relief; spinal cord stimulator placement (2013) with some decrease in pain; Morphine injections every 2-4 weeks for severe pain with good temporary relief; medications; psychological therapy; and conservative therapies/care. Diagnostic tests performed include: CT scan of the lumbar spine (2011) showing previous laminectomy, disc protrusion at L5-S1, varying degrees of multilevel foraminal narrowing, and multilevel degenerative disc disease; and MRI (per progress notes) showing disc protrusions at L2-3 and L3-4 with severe facet arthropathy. There were no noted comorbidities or other dates of injury noted. On 04/30/2015, physician progress report noted complaints of stabbing pain in the tailbone area with radiation into the left gluteal region. The pain was rated 9-10/10 in severity, and was described as stabbing. On previous progress reports, the injured worker states a lowest pain level of 4/10 and 10/10 at its worse. The injured worker has also reported a 50% decrease in pain and 50% increase in function with the use of medications. Additional complaints included burning left lower extremity pain and increased depression. Current medications include Norco which the injured worker reports taking 4-5 per day; Gralise at night for neuropathic left leg pain; Wellbutrin for depression, Colace and Senokot. The progress notes show that the injured worker has been taking Norco for several years; however, there is insufficient documentation of reduced pain, improvement on function or improvement in quality of life with the use of Norco. The physical exam revealed an antalgic forward flexed posture,

palpable spasms in the lumbar trunk with loss of lordotic curvature, positive bilateral straight leg raises resulting in pain to the left low back, left gluteal area, and left lower extremity, decreased sensation to pin-prick in the left lateral calf, painful sacroiliac compression on the left, positive piriformis sign on the left, tenderness over the left gluteal sciatic notch, absent Achilles reflex on the left and decreased on the right, decreased reflexes in the bilateral knees, and decreased motor strength in the left thigh flexion, knee extension, and great toe extension. The provider noted diagnoses of flare-up of back pain, left radicular symptoms and muscle spasms; history of lumbar laminectomy and spinal cord stimulator placement; severe facet arthrosis above and below fusion site, L2-3 disc protrusion causing neuroforaminal compression (per CT and MRI); Coccydynia; possible piriformis syndrome with SI joint dysfunction on the left; and industrial onset of neuropathic pain and depression. The injured worker was given an injection of morphine for pain relief and monitored for 45 minutes resulting in a reduction of pain to 4/10. Plan of care includes continuation of medications (Norco, Gralise, & Wellbutrin), diagnostic piriformis block, and follow-up. The injured worker's work status was not specified on this report. The request for authorization and IMR (independent medical review) includes: Norco 10/325mg #140 and one piriformis injection.

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

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

#### **1 prescription of Norco 10/325mg #140: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Hydrocodone/ Acetaminophen (Norco) is an opioid drug that is used to treat moderate to moderately severe pain. The MTUS discourages long-term usage unless there is evidence of "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 MTUS also recommends the discontinuation of Norco when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. Upon review of the submitted documentation, the progress reports show that the injured worker had been prescribed Norco and oxymorphone since 2012. Although the injured worker states that the medications reduce his pain by 50% and improve his function by 50%, there is no documented evidence of ongoing or continued improvement in quality of life as the injured worker required monthly and sometimes bi-weekly injections of morphine for severe pain despite the use of Norco. The progress reports demonstrate that the treating physician does not document: 1) how long it takes for pain relief; 2) how long pain relief lasts; 3) improvement in pain; 4) improved quality of life; 5) improvement in function; or 6) decreased dependence on medical care. As such, hydrocodone/acetaminophen (Norco) 10-325mg #140 is not medically necessary.