

<b>Case Number:</b>	CM15-0125340		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	01/22/1998
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 57 year old male, who sustained an industrial injury on 1/22/98. Initial complaints were not reviewed. The injured worker was diagnosed as having right L5-S1 radiculopathy; lumbar focal disc protrusion L5-S1; moderate bilateral L5 neural foraminal lumbar spinal stenosis; lumbar degenerative disc disease; lumbar sprain/strain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5/4/15 indicated the injured worker complains of right-sided low back pain radiating into his right lower limb in a radicular pattern. The providers notes that the injured worker's Norco and fluoroscopically-guided right L5-S1 transforaminal epidural steroid injection with right S1 selective nerve root block were denied. The injured worker asked the provider to right a medial legal report to appeal the denial of the medications and procedure. The provider also notes the 11/19/14 Urine drug screening results were consistent with medications. Current medications are documented as Norco 10/325mg every 12 hours PRN for pain, Neurotin 300 three times daily, Prozac 10mg daily; Flector 1.3% patch to low back every 12 hours; Celebrex 200mg daily and lorazepam 1.0mg at bedtime. The provider documents the lumbar ranges of motion were restricted by pain in all directions, lumbar range of motion is decreased by 50%. Lumbar discogenic provocative maneuvers were mild positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Muscle strength is 5/5 in all limbs except for right extensor hallucis longus, right tibialis anterior, right gastroc/soleus and strengths were 4+/5. Clonus, Babinski's and Hoffman's signs were absent bilaterally. Muscle strength is documented as 5/5 in all limbs bilaterally. The PR-2 notes dated 4/15/15 indicated the injured worker was

seen in the emergency room on 4/3/15 due to severe low back pain where he was given muscle relaxants. He continued to have increased low back pain with 50 decreased range of motion. The provider attributes this to the denied Norco medications. The provider notes the injured worker showed no aberrant behavior of the medications and Norco decreased his pain from 8/10 to 4/10 demonstrating significant relief and objective functional improvement. The provider is requesting authorization of Norco 10/325mg #75 and retrospective Urine Drug Screen for date of service 5/4/15.

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

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

**Norco 10/325mg quantity 75: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor- shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the

patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.