

<b>Case Number:</b>	CM15-0125819		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/08/2015
<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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male who sustained an industrial injury on 07/26/2006 resulting in pain to the low back while lifting a heavy barricade from the back of a pick-up truck. Treatment provided to date has included: physical therapy, acupuncture and radiofrequency Rhizotomy without benefit; injections; medications; and conservative therapies/care. Diagnostic tests performed include: lumbar discogram (2014) with referral for surgery; and x-rays of the lumbar spine (2015) showing multilevel grade I spondylolisthesis with mild instability, diffuse degenerative changes, and chronic appearing compression deformity at the superior endplate of L1-2. Comorbidities included hypertension, depression, arthritis of the back and shoulders, skin cancer, cardiomyopathy (possibly viral), and renal stone with stent placement. There were no other dates of injury noted. On 06/01/2015, physician progress report noted complaints of ongoing low back pain that intermittently radiates to the tight lower extremity with associated numbness. The pain was rated 7-8/10 in severity without medications and 5/10 with medications. The injured worker reported that the pain is aggravated with prolonged sitting, playing golf, yard work, mowing lawn, and being in one position for long periods. Pain is improved with medications, changing positions and stretching. The injured worker also reported that pain medications reduces him pain level for about 5-6 hours. Current medications include naproxen, Benicar, Norco, lovastatin, Xanax, and Zoloft. It is reported that the injured worker is stable with current chronic opioid use and with no evidence of misuse or diversion. The physical exam revealed loss of normal lordosis, restricted range of motion in the lumbar spine, tenderness upon palpation of the bilateral paravertebral musculature of the lumbar spine, and positive straight leg

raises. The provider noted diagnoses of thoracic or lumbar neuritis or radiculitis, lumbar disc displacement, and lumbago. Plan of care includes continued opioid medication (Norco), and follow-up in 4-6 weeks. The injured worker's work status remained was not mentioned on this report. The request for authorization and IMR (independent medical review) includes: Norco 10/325mg #90.

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

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

**Norco 10/325mg #90, DOS: 06/01/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids for chronic pain; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests) Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing and on the Non-MTUS ACOEM Practice Guidelines (2007), Back Chapter, pages 111-113.

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

**Decision rationale:** 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 (an opioid) 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. Although the progress reports state that the injured worker's pain is controlled with opioid medication (Norco in this case), the cumulative findings within the progress reports indicate fluctuating pain levels (with the use of Norco) between 5/10 and 8/10 despite the use of this medication. Additionally, the treating physician does not document: 1) the least reported pain over the period since last assessment; 2) how long it takes for pain relief; 3) how long pain relief lasts; 4) improvement in pain; or 5) improvement in function. Moreover, there has been no overall measurable improvement in function or decrease in pain while taking this medication over the last 6 months or more. As such, Norco 10/325mg #90 is not medically necessary.