

<b>Case Number:</b>	CM15-0126116		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/25/1994
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 46 year old male, who sustained an industrial injury on January 25, 1994. He reported low back pain with a locking sensation. The injured worker was diagnosed as having flare up of back pain, lumbar sprain/strain and lumbar degenerative joint disease with severe facet arthrosis and moderate spinal stenosis of the lumbar region noted on magnetic resonance imaging (MRI). Treatment to date has included diagnostic studies, manual manipulation, conservative therapies, medications and work restrictions. Currently, the injured worker complains of continued low back pain with pain radiating into the right buttock and down bilateral lower extremities with associated numbness. The injured worker reported an industrial injury in 1994, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 17, 2013, revealed a low back pain flare up. He reported benefit with manual manipulation and requested some manipulation on the back. He reported taking Norco as needed for pain. It was noted he could forward flex and grasp the thighs at 20 degrees of flexion and extension to 5 degrees with right sided back pain. Right and left SLRs are both 80 degrees with right sided back pain and no radiation. It was noted he continued to work with modifications. Evaluation on March 14, 2013, revealed no change in flexion or extension of the back from the last visit. He rated his pain at 8 on a 1-10 scale with 10 being the worst. He requested manual manipulation of the back. Evaluation on February 4, 2014, revealed severe cramping in the back radiating to the right buttock and down bilateral legs. He reported a 50% improvement in the ability to perform activities of daily living with medications. He rated his pain at 8 on a 1-10 scale with 10 being the worst. Norco was continued.

Manipulation of the back was performed. Evaluation on October 9, 2014, revealed pain rated at a 9 on a 1-10 scale with 10 being the worst. He reported severe stabbing pain in the back shooting down the right leg with associated numbness. He noted taking 1-4 Norco per day for pain. There was noted palpable rigidity in the lumbar trunk. Right and left SLRs were noted to be 80 degrees and to cause right sided back pain. Urine drug screens were reported as consistent with expectations. Manual manipulation of the lumbar spine was performed. Norco was continued. Evaluation on March 10, 2015, revealed continued pain rated at 8-9/10 with 10 being the worst. Lumbar spine manipulation was performed and medications were continued. Norco 10/325mg #90 and manual manipulation of the lower trunk performed on June 9, 2015 was requested.

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

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4 A's.

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

**Decision rationale:** According to the California (CA) MTUS guidelines Norco is a short-acting opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was noted in the documentation use of the prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported. There was no noted functional improvement or improved pain from one visit to the next. The request for Norco 10/325 #90 is not medically necessary.

**1 manipulation on the lower trunk (DOS 6/9/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and manual therapy Page(s): 58.

**Decision rationale:** According to the California (CA) MTUS Guidelines six chiropractic visits over two weeks and up to eighteen visits over six to eight weeks with noted objective functional improvement is recommended. It was noted the injured worker received multiple manual manipulations of the low back however, there was no noted significant improvement in pain or function to authorize additional treatments. It was noted over a 2 year period, manual

manipulation was performed on a regular basis however there was no noted improvement in level of function, pain or activity level. In addition, flexion and extension of the low back had no noted improvement. Manual manipulation performed on June 9, 2015, was not medically necessary.