

<b>Case Number:</b>	CM13-0022515		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient had a work injury 6/15/11. He has been taking Norco for pain. This review addresses whether Norco 10/325mg #240 is medically necessary. Progress notes retrieved from the primary treating physician on 7/10/13 state and provide the following information: The patient has ongoing references of pain across the lower back. Bilateral radicular pain across the lower back. The patient states that he has continued severe pain in the low back. He continues to have difficulty ambulating due to weakness in his legs. He is unable to dress by himself. Physical examination: Exam of the thoracic spine reveals spasm, and interscapular pain. There is tenderness to palpation along the midline. Exam of the lumbar spine reveals a healed surgical incision. There is spasm, painful range of motion, as well as limited range of motion. Positive Lasegue bilaterally. Positive straight leg raise bilaterally to 40 degrees. Motor weakness is noted to be 4/5 bilaterally. Sensation is decreased bilaterally at L5-S1 level. Pain is noted bilaterally at L5-S1 level. Diagnosis: Status post lumbar spine fusion, Chronic low back pain, Solid bony mass posterior elements on left side, and Thoracolumbar spine, rule out neoplasm . Recommendations: He was given his Norco 10/325mg two po tid #240 for six weeks. He states the medication helps but the pain is still there. Continue home exercise program. We will reevaluate him for follow up in six weeks. Patient was seen for Internal medicine for post-operative management after spinal surgery. Assessment: 1) Spinal stenosis of lumbar region. 2) Lumbar disc prolapse with radiculopathy status post anterior and posterior lumbar spine fusion L3-S1 with posterior Instrumentation. 3) Degenerative lumbar spine stenosis. 4) Hypoglycemia In a patient without history of diabetes. 5) Elevated liver function enzymes. Plan: Patient was admitted to the spinal unit where his cardiopulmonary status will be monitored closely. Blood sugar was to be checked. He wa

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

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

**Norco 10/325mg #240:** Upheld

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

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

**Decision rationale:** The usage of Norco 10/325mg #240 for pain is not medically necessary per California Medical Treatment Utilization Schedule (MTUS) guidelines. Documentation submitted indicates that there has been no significant increase in function and significant decrease in pain in this patient therefore ongoing opioid treatment is not medically appropriate. Per guidelines, opioids should be discontinued "If there is no overall improvement in function, unless there are extenuating circumstances." There are no extenuating circumstances documented on 7/10/13 office note that would require this medication.