

<b>Case Number:</b>	CM13-0044872		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/17/2003
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

Injured worker is a female with date of injury 2/17/2003. Per primary treating physician's progress report, the injured worker complains of ongoing low back pain with radiating symptoms down the left lower extremity. She continues to recuperate from her total right knee and right femur rod replacement surgery that is nonindustrial but the fact that she is ambulating with a limp because of that surgery and having to use a cane is aggravating her industrial back injury symptoms. On exam it is noted that she is out of the splint and the wheelchairs. She is ambulating with a cane. She continues to have left foot drop on the left lower extremity with 3/5 strength. The leg giving away secondary to pain and tenderness to the lumbar paraspinal muscles with positive left leg lift. Diagnoses include: 1) postlaminectomy syndrome with history of lumbar discectomies in 2002 and 2003 2) left partial footdrop due to lumbar radiculopathy 3) chronic central left side low back pain, bilateral leg symptoms 4) depression due to her chronic pain 5) status post right knee replacement, July 2009, nonindustrial 6) status post right femur fracture from fall, with ORIF on 4/16/2012, hospital stay 2 months, nonindustrial 7) status post repeat total knee replacement on the right as well as replacement of the femur rod, 8/23/2013, nonindustrial 8) sarcoidosis, nonindustrial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #480:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): s 80-81.

**Decision rationale:** The primary treating physician reports that the injured worker's medications allow her to remain functional, and without them she does not think she would even be able to walk. Medications allow her to get around within her home and carry out her activities of daily living such as cooking, cleaning and self hygiene. She is no longer in a nursing home, but now in her own home. The claims administrator notes that the injured worker has been taking Norco for years, and has been using Duragesic patch for months. The decision to not certify was due to a lack of information on the improvement in pain level with the use of medications. More recent clinical notes report that her pain before medications is 9-10/10, and with medications it is 7/10. The injured worker is currently prescribed an average of 110 morphine equivalent dose (MED) per day (hydrocodone 80 mg daily plus fentanyl 25 mcg/hour transdermal every two days). This is less than the Chronic Pain Guidelines recommended ceiling of 120 morphine equivalent dose (MED) per day. The injured worker has also been on stable medication regimen for over 6 months with reported optimized function improvement and pain control. Per the guidelines, the injured worker is in a maintenance phase of chronic opioid pain management. Although there are precautions in such management by these guidelines, the provider does have an established regimen with the injured worker, including frequent follow up and urine drug screening. The request for Norco 10/325 mg #480 is medically necessary.