

<b>Case Number:</b>	CM13-0045584		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/06/1994
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Meuromuscular Medicine 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 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:

The patient is a 67 year old female who had a work injury on 10/6/94 while pushing a x-ray machine in to the operating room. The patient felt a sharp pain in the back. The next day, while the patient was pushing furniture, she had increasing lower back pain with bilateral leg pain, left greater than right. The patient underwent a lumbar laminectomy with fusion at L5-S1 with plate and screw placement 1997 and a redo to correct a loose lumbar screw in 1998. The diagnoses include postlaminectomy pain syndrome and chronic pain syndrome. Under consideration is a request for Norco. The documentation submitted reveals that the patient's past treatments that were helpful included massage therapy, physical therapy, transcutaneous electrical nerve stimulation (TENS), and heat and ice. The patient had tried Lyrica, Neurontin, non-steroidal anti-inflammatory drugs (NSAIDs), Oxycodone, and Fentanyl but was not helpful. There is a 2/25/14 documents that the provider would like to taper patient of their Norco and will change to Tramadol for pain. Per documentation a Pr-2 document dated 10/8/13 documented that the patient complained of pain in the low back and bilateral legs. The patient was sleepy most of the time. The patient had constipation with the medications. Her medications included Norco 10/325 mg, Provigil 200 mg and Docusate sodium 100 mg for constipation. A 12/30/13 PR-2 document states that the patient denies any recent trauma or injury. With her Norco, the patient is able to perform her ADL's. Her CURES report 12/27/2013 was consistent with present medications and pharmacy. PCT report states that the patient is an extensive metabolizer which means her enzymes metabolize opiates quicker than normal. Her review of systems indicates constipation. On physical exam the patient sits on the examining room table in distress over the denial of medications. The patient was able to rise from a seated to a standing position without difficulty. There is tenderness to palpation over the superior trapezius, and levator scapulae with

movement. Her lumbar laminectomy scar is healed, warm and dry. The patient has tenderness over the iliolumbar area with limitation of flexion and extension at the waist. Her treatment includes Norco and Provigil.

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

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

**NORCO 10/325 MG, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Norco 10/325 mg #180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The Chronic Pain Treatment Guidelines state that opioids should be discontinued when there is no overall improvement in function and to continue opioids if the patient has returned to work and has improved functioning and improved pain. Without evidence of functional improvement as defined by the MTUS the request for Norco 10/325mg #180 is not medically necessary.