

<b>Case Number:</b>	CM13-0062280		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/04/2011
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustain a work injury on 09/04/11 while working as a bus driver. He developed low back pain radiating into the left leg after reaching for luggage underneath a bus. He has ongoing symptoms with diagnoses of multilevel lumbar degenerative disc disease, L5-S1 radiculopathy, and a sprain/strain of the lumbosacral spine. An MRI of the lumbar spine in November 2011 showed findings of multilevel degenerative disc disease. Treatments have included two epidural injections and 12 sessions of physical therapy without benefit. He underwent bilateral sacroiliac joint injections on 02/19/13 which improved his symptoms. He is not a surgical candidate. He was seen for an evaluation on 05/18/13. The evaluation references findings of symptom magnification and also notes a history of chronic marijuana use and use of methamphetamines every 1-2 weeks since age of 15. He was seen by the requesting provider on 11/23/13. He was having low back pain radiating into the left leg rated at 8/10 with medications and 10/10 without medications. He was taking Ultram and was using a TENS unit. Physical examination findings included lumbosacral spinal paraspinal muscle and spasm with painful range of motion testing. There was a normal neurological examination. Modified work was continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #90, PROVIDED ON NOVEMBER 18, 2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ) Opioids, criteria for use, (2) Opioids for chronic pain, (3) Opioids for neuropathic pain Page(s): 76 page 80pages 82-83.

**Decision rationale:** The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic low back pain with left lower extremity radicular symptoms. Medications have included Ultram with decreased pain scores from 10/10 to 8/10 when taking this medication. Opioid medications such as Norco can be recommended for the treatment of chronic low back pain and , although not as first line therapy, for neuropathic pain including chronic lumbar nerve root pain. However, criteria for the use of opioids include assessing the likelihood of abuse and identifying inconsistencies in the history, presentation, behaviors or physical examination. In this case, the claimant is actively using methamphetamines and marijuana and there is documentation of symptom magnification not addressed by the requesting provider. Therefore, the requested Norco is not medically necessary.