

<b>Case Number:</b>	CM13-0066865		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant is a 54 year old female presenting with low back pain and left knee pain following a work related injury on 11/12/98. MRI of the left knee revealed grade III chondroma involving the lateral retropatellar facet, small knee joint effusion, cruciate ligaments intact, mild tendinopathy of the distal quadriceps insertion in the origin of the patellar tendon. MRI of the lumbar spine revealed bilateral facet hypertrophy at L4-5 level, Posterior disc bulge at L5-S1 level, 2 mm mildly indent the thecal sac without spinal stenosis or neural foraminal narrowing. The physical exam on 09/20/13 was significant for limited range of motion of the lumbar spine, moderate tenderness to palpation at the distal right and left lumbar segments, palpable spasms in these regions bilaterally, twitch response to palpation in the myofascial bands of the right and left distal lumbar segments, L5-S1 dermatomal distribution of dysesthesia in the bilateral lower extremities, a positive straight leg raise at ~40 degrees bilaterally, decreased Achilles reflex,  $\hat{A}$ ½ bilaterally, 3+/5 over bilateral peroneus longus. The claimant was diagnosed with lumbar degenerative disc disease, lumbar radiculitis, and lumbar myofascial pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #60 WITH TWO (2) REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 79.

**Decision rationale:** Norco 10/325mg #60 with 2 refills is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Norco is not medically necessary.