

<b>Case Number:</b>	CM14-0003203		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/04/2001
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Internal 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:

The patient is a 58 year old male who was injured on 10/04/2001. Mechanism of injury is unknown. Prior treatment history has included the patient's medications as follows: Norco 10-325 mg, Lyrica 75 mg, Fentanyl 25 mcg. Diagnostic studies reviewed include urine drug screen shows positive detection of Fentanyl, Norco, and nor Fentanyl. PR-2 dated 07/17/2013 documented the patient with complaints of lower back pain that extends to the left leg and down to the foot with numbness in the foot. Current medication schedule is not sufficient. She presented with pain scale of 8/10, with medications. Her current medication regimen consists of Lyrica 75 mg, Skelaxin 800 mg; Norco 10-325 mg. Objective findings on examination of the lumbar spine reveal normal lordosis. There is tenderness in the lumbar spine processes. There is left sacroiliac joint tenderness, left sciatic notch tenderness and left trochanteric bursa tenderness. Tenderness in the left and right paralumbar. Range of motion of the lumbar spine revealed painful lumbar muscles with flexion. There was no dislocation, subluxation or laxity. Strength and tone of the lumbar spine/ribs/pelvis normal hip bulk and tone. Examination of the bilateral lower extremities inspection and palpation reveals tenderness in the bilateral lower extremities. Plan: The patient was given Fentanyl 25 mcg/hr Transdermal patch to start 07/17/2013 and end on 08/15/2013. PR-2 dated 11/07/2013 documented the patient is only having some numbness into her legs but her low back is better. She is doing better using Duragesic changing every 2 days and decreasing Norco. She feels more active on day 3 and she did not before. She presented with back pain described as aching and consistent. The symptom is ongoing. In addition, she presented with foot pain. Objective findings on exam are not changed from the 07/17/2013 visit. Diagnosis: Radiculitis, lumbar, thoracic, Disc degeneration lumbar/sacroiliac, Lumbago, Low back pain, SI joint dysfunction, Leg Pain, Sciatica. UR report dated 01/16/2014

did not certify the request for Norco 10/325 mg #90 with one refill as additional information was necessary in order to clarify the subjective and objective status of the patient upon evaluation.

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

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

#### **PRESCRIPTION OF NORCO 10/325MG, #90 WITH 1 REFILL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 95-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend chronic opioid therapy for select patients who must meet certain criteria. Amongst the criteria are improved analgesia, no significant adverse effects, no aberrant drug seeking behavior, and improvement in ADLs. The clinical documents provided do not clearly demonstrate the patient has a sufficient reduction in her pain and did not show an improvement in ADLs. The documents discussed tapering the patient off Norco with the addition of the Fentanyl patch. But it appears the patient has been on the Fentanyl patch for quite some time and should have successfully weaned from the Norco by this time. Based on the Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.