

<b>Case Number:</b>	CM14-0004686		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/13/2003
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 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:

The patient is a 55-year-old male who has submitted a claim for lumbago, low back pain, lumbar and thoracic radiculitis, and post-lumbar laminectomy syndrome, associated with an industrial injury date of November 13, 2003. Medical records from 2013 were reviewed, which showed that the patient complained of constant low back and leg pain, rated at 6/10 with medications. Bilateral lower extremity examination was unremarkable. There was tenderness at the lumbar spine and facet joints. There was decreased lumbar flexion and extension. Gait and station was normal. A lumbar MRI, dated June 21, 2013, revealed broad-based central/right paracentral disc protrusion with adjacent mild epidural adhesive change at L5-S1 in contiguity with the right S1 nerve root status post partial right hemilaminectomy, and minimal right posterolateral epidural adhesive change consistent with postoperative changes. Lumbar x-rays, dated June 21, 2013, revealed mild osteopenia and degenerative changes, an old mild compression of the T11 and T12 vertebral bodies, and mild bilateral facet arthropathy with minimal discogenic degenerative change L3-4 and L4-5 levels without significant canal or neural encroachment. Treatment to date has included transforaminal steroid injections, L5-S1 discectomy, and medications including Norco since September 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF NORCO 10/325MG #270 WITH 1 REFILL BETWEEN 12/10/2013 AND 2/25/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Norco has been prescribed since September 2012 (21 months to date). However, given the 2003 date of injury, the exact duration of opiate use is unclear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also did not clearly reflect continued analgesia or functional benefit, or a lack of adverse side effects or aberrant behavior. There is no clear indication for continued opioid use. As such, the request is not medically necessary.

**1 PRESCRIPTION OF NORCO 10/325MG #90 BETWEEN 12/10/2013 AND 12/10/2013:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Norco has been prescribed since September 2012 (21 months to date). However, given the 2003 date of injury, the exact duration of opiate use is unclear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also did not clearly reflect continued analgesia or functional benefit, or a lack of adverse side effects or aberrant behavior. There is no clear indication for continued opioid use. As such, the request is not medically necessary.

**1 SURGICAL EVALUATION FOR POSSIBLE SURGERY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** According to pages 305-306 of the ACOEM Guidelines, lumbar surgical consultation is indicated for patients with severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies; activity limitations due to radiating

leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and failure of conservative treatment. In this case, the patient had previously seen a neurosurgeon who advised him against additional surgery. Furthermore, the medical records failed to provide evidence of disabling lower leg symptoms or clear imaging findings that have been shown to benefit from surgery. There was also no discussion regarding failure of conservative management. As such, the request is not medically necessary.