

<b>Case Number:</b>	CM14-0010071		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/24/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Physical Medicine and Rehabilitation 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:

This 51 year-old patient sustained an injury on 12/24/09 while employed by [REDACTED]. The request under consideration is Norco 10-325mg #90, with no refills. The patient is s/p two back surgeries. There is notation of hospitalization in July 2012 for overdosing on opiates and sleeping pills. He was detoxed during that stay; however, resumed taking opiates after his back surgery in September 2012. Of significance is a past history to include Major Depressive Disorder and daily use of Cocaine for 2 years about 15 years prior. The report of 12/13/12 from another provider noted care with use of narcotics for history of drug abuse. The patient continues on chronic long-term use of Norco with current MED of 30. The report of 12/24/13 from the provider noted the patient SCS trial was denied. The patient had severe complaints of lower back, buttock and leg pain; even with light touch at the lower extremities reported as "lightening bolt pain;" can only walk a block before his feet and legs are reported as "killing me." Pain severity is 6-7/10 and Norco affect does not last for 8 hours. Current work status is not provided. An exam showed ambulating with cane; decreased sensation at left L5 and right S1 along with bilateral feet; no other neurological or musculoskeletal exam documented. Diagnoses include radicular low back and uncontrolled chronic pain syndrome s/p laminectomy lumbar syndrome. The request for Norco 10-325mg #90, with no refills was non-certified on 1/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10-325MG #90, WITH NO REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-96.

**Decision rationale:** Per the California MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance, especially in light of the patient having history of drug abuse requiring hospitalization from overdose for detoxification. The California MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10-325mg #90, with no refills is not medically necessary and appropriate.