

<b>Case Number:</b>	CM14-0010152		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/02/2007
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 & 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 63 year-old patient sustained an injury on 10/2/07. Report of 12/24/13 from the provider noted chronic ongoing low back pain and deep pressure radiating into the left buttock, lateral thigh associated with numbness, paresthesia, and weakness; there is also neck pain radiating into the left shoulder, arm with paresthesia, numbness, and weakness. Conservative care has include medications, physical therapy, modified activities and rest. Exam noted heel and toe walking without difficulty; paralumbar spasm; TTP; quadricep atrophy on right limited range; SLR positive on left at 40 degrees; DTRs 2+; and motor strength of lower extremities 5/5 throughout with decreased sensation on left lateral thigh; upper extremity exam showed intact sensation, DTRs and motor strength; functional range; and tenderness without spasm. Diagnoses include low back/ lumbar disc displacement/ radiculopathy; and degenerative cervical disc/ radiculitis/ disc displacement. Treatment plan included ongoing medication use of Norco and injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 7.5/325MG #90:** Upheld

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

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

**Decision rationale:** Per the 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). 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. The 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 7.5/325mg #90 is not medically necessary and appropriate.