

<b>Case Number:</b>	CM14-0010472		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/20/2004
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/18/2014
<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 Neurological Surgery, 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 claimant was injured on July 20, 2004. On January 9, 2014. The claimant is documented as returning with continued low back and left lower extremity radiculopathy. The claimant reports a heavy numb sensation, indicates weakness and having to drag the leg when he walks. A cane is utilized for ambulation. The claimant does, however, note that the medications are helpful and provide "at least 50% functional improvement was taking medications are started taking them at all". Current pain level is 9/10. The claimant is documented as being on Social Security disability not currently working. Current medications include Norco 10/325 mg 1-3 tablets per day depending on pain, use of Flexeril and Cymbalta. The examination documents diminished lumbar range of motion, bilateral positive straight leg raise, and Achilles reflexes are absent on the left. Straight leg raise reproduces radicular pain and left buttock pain. Palpation reveals muscle spasm in the lower lumbar region with loss of normal lumbar curvature. The claimant is documented with a history of large disc herniation L5/S1 compromising S1 nerve root ongoing left lower extremity sciatic symptoms and associated left lower extremity neuropathic pain. The utilization review in question was rendered on January 17, 2014. The reviewer modified the request for 90 tablets to 60 tablets and recommended weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, SPECIFIC DRUG LIST: HYDROCODONE/ACETAMINOPHEN (NORCO (R)); OPIOIDS, CRITERIA FOR USE; WEANING OF MEDICATIONS,

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

**Decision rationale:** The claimant is documented as having chronic low back pain as well as neuropathic pain in secondary to chronic lumbar nerve root compression. The MTUS indicates that there are no long-term studies demonstrating efficacy of opiates for the treatment of these conditions. However, the MTUS notes that opiates may be continued when pain and function are improved. Based on the clinical documentation provided, the claimant endorses both of these, but has appeared to have an acute flareup. Given the relatively low MED of 30 and the acute and/or chronic complaints, this request is considered medically necessary.