

<b>Case Number:</b>	CM14-0011473		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 53 y/o female, DOI 10/01/10. She has chronic low back and neuropathic leg pain (post laminectomy syndrome). She has had lumbar decompression surgery including a 2 level laminectomy, but continues to have pain levels of 7/10 associated with a chronic pain syndrome. Treatment consists of analgesic medications: Mobic, Zoloft, Lyrica and Norco 10/325. She is followed regularly by an orthopedic surgeon. There has been no red flags indicating opioid misuse. Average daily use is 2/day and this appears to have been steady for many months. The primary physician is an orthopedic surgeon and specific recommended documentation in relation to opioids is lacking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG QTY 180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 77-78.

**Decision rationale:** It appears well documented that the patient is using opioids judiciously at a maximum daily average use of 2 Norco 10/325 per day. This appears to be stable for many

months. This was denied in U.R. based on the fact that many the MTUS guideline standards recommended in conjunction with chronic opioid use have not been met. These standards presume the continuous use and influence of opioids in treatment. The occasional use of a short term opioid for flare-ups of pain would not need that same standard of documentation vs. continuous use of a long half life opioid. As long as the Norco use remains stable or diminishes, it is reasonable to conclude that it is medically necessary. If there is an accelerated use of opioids in the future, it may be necessary to revisit this issue. Request is medically necessary.