

<b>Case Number:</b>	CM14-0016900		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	03/28/2003
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 63 year old male who was injured on 03/28/2003. The mechanism of injury is unknown. The patient underwent a lumbar fusion on 05/07/2012. Diagnostic studies reviewed include X-rays of the lumbar spine dated 12/04/2013 revealed stable degenerative changes of the lumbar spine and status post posterior fixation of L4 through S1 with unchanged grade I anterolisthesis of L5 on S1. MRI of the lumbar spine without and with contrast dated 12/01/2011 demonstrates post-operative changes in L5-S1 with pedicle screw fixation; a 7-8 mm anterolisthesis of L5 on S1; a small central annular fissure at L3-L4; and a small central protrusion at L4-L5. Progress report dated 01/07/2014 reports the patient rates his low back pain at 9/10. His right wrist pain has improved. He saw [REDACTED] on 12/04/2013 and was recommended surgery for the loose hardware. His complaints include burning dysesthesia over the top of the right foot and residual numbness in the left thigh; a new complaint for the last few months with a tender spot in the left sacroiliac region. He has increased right wrist and hand pain, left foot pain; depression which has been significant since 07/15/2009 due to chronic pain; secondary high blood pressure due to chronic pain; and insomnia. Objective findings on exam revealed persistent tenderness and slight spasm in the Paralumbar region. There is moderate point tenderness over the left sacroiliac region. Straight leg raise test is positive to the left and negative to the right. Sensation is decreased to light touch over the fourth and fifth digits over the ulnar side of the hand. Sensation is decreased to light touch in the right lateral foot, mostly in S1 dermatome. Sensation is decreased over the top of the right foot in L5 dermatome; and altered sensation over the lateral left thigh. Diagnosis are status post lumbar fusion with overall improvement in low back pain but with persistent numbness in the right L5 distribution and persistent paresthesia in the left anterolateral thigh, recent moderate

to severe pain in the left sacroiliac region, bilateral hand and wrist pain, secondary depression, secondary high blood pressure; and insomnia. It is recommended the patient continue Norco 10/325 1 tab 5 times per day, #150 per month; and continue Opana ER 10 mg 1 tab b.i.d. and one tablet q. h.s. for around the clock pain.

### **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 #150: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids, On Going Management Page(s): 78.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient has been recommended for surgery. Therefore, there is a chance that the pain will be alleviated post-surgery and narcotics can be discontinued/decreased at that time. The continuation of opioids is appropriate at this time and is an appropriate deviation from the guidelines.

#### **1 PRESCRIPTION OF OPANA ER 10MG: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids On Going Management Page(s): 78.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient has been recommended for surgery. Therefore, there is a chance that the pain will be alleviated post-surgery and narcotics can be discontinued/decreased at that time. The continuation of opioids is appropriate at this time and is an appropriate deviation from the guidelines.