

<b>Case Number:</b>	CM14-0114869		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/30/1996
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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:

Injured worker is a female with date of injury 6/30/1996. Per pain management progress note dated 7/9/2014, the injured worker complains of pain in the bilateral legs, bilateral buttocks, bilateral hips, bilateral knees, bilateral low back, and bilateral ankles/feet. Pain is constant, sharp, aching, cramping, throbbing, burning, stabbing, and electrical. Pain is made worse by lifting, sitting, bending, physical activity, stress, standing, twisting, weather changes, cold, walking and not sleep. Pain is made better by sleep, medication, rest, spinal cord stimulator, medications, walking, physical activity/exercise, changing positions. In the last month with medication she states the least pain is 6/10, worst pain is 8/10. Pain is worse in the morning and in the evening. She can tolerate a pain level of 9/10. On examination she is pleasant and able to sit through the evaluation, displaying normal pain behaviors. There is no evidence of overmedication, sedation or withdrawal symptoms. She has poor dentition and her abdomen is obese. There is no deformity or scoliosis noted with antalgic gait without the use of a cane. She transfers independently. There is decreased range of motion of torso due to pain. There is pain on palpation over facets at L4, L5, S1 bilaterally, and pain on hyperextension [and] torso rotation. Left upper extremity and left lower extremity have +1.5 swelling versus +1 swelling on the right. There is decreased sensation and DTRs in left patellar and ankle. There is normal sensation and DTRs in the right patellar and ankle. Diagnoses include 1) back pain, lumbar 2) spinal stenosis of lumbar region 3) sciatica 4) peripheral neuropathy lower extremities, bilateral 5) insomnia, chronic 6) depression, and 7) chronic anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #240:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 56-57; 68-71; 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-95.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician reports that no changes in her medications were made due to being stable on her current regimen which helps her daily function and without adverse side effects. The claims administrator notes that the injured worker is undergoing injections and a home exercise program is also recommended. Given the chronicity and potential benefit from interventional techniques, her overall opiate utilization should be decreased, and therefore should discontinue short acting medications while maintaining long acting medications. The medical documentation reports that the injured worker is on chronic pain medications and needs these medications to remain functional. The injured worker's opioid medication dosing has remained stable and, and she appears to be in a maintenance stage of his pain management. While reduced medication use is a good measure of success of interventions, reducing the medications prior to the interventions is not necessary. The request for Norco 10/325mg, #240 is determined to be medically necessary.