

<b>Case Number:</b>	CM14-0115184		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/14/2006
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old male with a 7/14/06 date of injury, status post L5-S1 translaminal screw fixation and fusion 2/2/00, and status post re-exploration of prior laminectomy and completed L4 and L5 laminectomies and L4-S1 fusion (undated). At the time (6/30/14) of request for authorization for Norco 10/325 mg #60, there is documentation of subjective (back pain radiating from low back down both legs, pain 9/10 without medications) and objective (lumbar range of motion restricted and limited by pain with flexion limited to 40 degrees, extension limited to 10 degrees, bilateral lateral bending 15 degrees, and bilateral lateral rotation 15 degrees, paravertebral muscles, spasm, and tenderness noted bilaterally, lumbar facet loading positive on left side, straight leg raising test positive on both sides in supine position, and tenderness noted over trochanter) findings, current diagnoses (mood disorder, post lumbar laminectomy syndrome, lumbar disc disorder, spinal/lumbar degenerative disc disease, and low back pain), and treatment to date (medications (including ongoing treatment with Lidoderm, Pepcid, Ambien, and Percocet and previous treatment with Norco)). Medical report identifies there is a signed pain contract on file, that patient discontinued Norco in past due to withdrawal symptoms and stated less effective, and a plan to resume Norco as patient reports pain control greatly outweighs slight feeling of withdrawal symptoms with use. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of mood disorder, post lumbar laminectomy syndrome, lumbar disc disorder, spinal/lumbar degenerative disc disease, and low back pain. In addition, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of previous treatment with Norco that was discontinued due to withdrawal symptoms and stated less effective, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg #60 is not medically necessary.