

<b>Case Number:</b>	CM14-0169688		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	03/10/2001
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Internal medicine, and is licensed to practice in Maryland. 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 employee was a 65 year old female who sustained an industrial injury on 03/10/01. The clinical pain management note from 09/11/14 was reviewed. Her pain in her low back with radiation to her lower extremities and it was 10/10 without medications and went down to 6/10 with medications. She stated that without medications, she was not able to anything. She was able to do her ADLs including going to kitchen, taking snack, drink and do self care such as dressing, bathing and going to the bathroom. She was in a motorized wheel chair. Since her leg symptoms flared up, her functional level had declined even more. She had no side effects from medications and had no aberrant behaviors with consistent urine drug screen on 05/15/14. Her current medications included MS Contin 60mg TID, Norco 10/325 eight a day, Maxzide, Norvasc, Meprobamate, Lasix, Advair, Celexa, Estradiol, Protonix, Metoclopramide, Prilosec and Topamax. In her note from 10/09/14, she had back pain with feet and leg symptoms. It was noted that without medications she would not be able to do anything and with medications, she was able to go to the kitchen, take some snack, drink and also do self care such as dressing, bathing, going to the bathroom. Her diagnoses included chronic low back pain, bilateral S1 radicular symptoms, spondylolisthesis with spondylosis at L5-S1 with multilevel degenerative disc changes per MRI 2001, lower extremity edema, GERD, history of cervical cancer, status post exploratory laparotomy for small bowel obstruction in 2012 and removal of adhesion. The MS Contin was decreased from 4 to 3 tablets per day. The request was for Norco 10/325mg #240.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The employee was a 65 year old female who sustained an industrial injury on 03/10/01. The clinical pain management note from 09/11/14 was reviewed. Her pain in her low back with radiation to her lower extremities and it was 10/10 without medications and went down to 6/10 with medications. She stated that without medications, she was not able to anything. She was able to do her ADLs including going to kitchen, taking snack, drink and do self care such as dressing, bathing and going to the bathroom. She was in a motorized wheel chair. Since her leg symptoms flared up, her functional level had declined even more. She had no side effects from medications and had no aberrant behaviors with consistent urine drug screen on 05/15/14. Her current medications included MS Contin 60mg TID, Norco 10/325 eight a day. The request was for Norco 10/325mg #240. According to MTUS Chronic Pain Guidelines four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In addition, MTUS recommends that dosing of opioids should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Rarely and only after pain management consultation, should the total daily dose of opioid be increased above 120mg oral morphine equivalents. The employee was following up with a pain management physician. She had severe pain without medications, which improved with medications and was functioning better with medications. She was bedridden without medications. The physician was monitoring for misuse and aberrant behavior with random drug screens which have been consistent. She was noted to not have any side effects. The opioid use was consistent with guidelines and hence the request for Norco 10/325mg #240 is medically necessary and appropriate.