

<b>Case Number:</b>	CM14-0170446		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	01/12/2009
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Family Medicine, and is licensed to practice in Ohio. 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 injured worker's date of injury was 1-12-2009. She had an L4-L5 disc resection in December of 2009. She has had low back pain radiating to the left lower extremity for which she was taking Nucynta ER 250mcg twice daily. With medications her pain is ordinarily a 4/10 and without she has 9/10 pain. Improved functionality is documented. On or about 8-28-2014 she had a fall which led to an escalation of her pain and a resumption of bilateral radicular symptoms and on 9-25-2014 Norco 10/325 mg one every 6 hours was added for the increased pain. The physical exam shows diminished lumbar range of motion, tenderness of the lumbar paraspinal musculature, a positive straight leg raise test on the left, and diminished sensation in the left L5 dermatomal distribution. The diagnoses are left L5 radiculopathy and S/P L4-L5 disc resection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The referenced guidelines state that for those requiring opioids chronically that there should be ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. In this instance, the injured worker has been documented to have increased functionality and diminished pain. There appears to be monitoring for side effects and aberrant drug taking behavior. She recently had an acute increase in pain as a result of a fall, as evidenced by a large bruise to the left hip. Addition of a short acting opioid is appropriate in such circumstances. Therefore, Norco 10/325 MG #120 was medically necessary and appropriate.

**Nucynta ER 250 MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The referenced guidelines state that for those requiring opioids chronically that there should be ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. In this instance, the injured worker has been documented to have increased functionality and diminished pain. There appears to be monitoring for side effects and aberrant drug taking behavior. Opioids may be continued if there is improvement in pain and functionality which there appears to be when the injured worker is at her baseline. In this instance, she has had a recent flare of symptomatology as a consequence of a fall. Therefore, Nucynta ER 250 MG #60 is medically necessary and appropriate.