

<b>Case Number:</b>	CM14-0179315		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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, has a subspecialty in Nephrology 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:

This is a 51-year-old male with an 8/17/09 date of injury. According to a progress report dated 11/4/14, the patient reported persistent low back pain with radicular symptoms into his lower extremities. He felt that he gets greater than 50% improvement with his neuropathic pain with Neurontin. He also continued to have good relief with Oxycodone and Norco. Objective findings: tenderness to palpation over the implant of the spinal cord stimulator. Diagnostic impression: chronic low back pain, history of lumbar fusion at L5-S1 (October 2011), status post spinal cord stimulator implant (December 2013). Treatment to date: medication management, activity modification, spinal cord stimulator, lumbar ESI, trigger point injections, surgery, physical therapy. A UR decision dated 9/30/14 denied the request for Norco. There was no clear detail provided why opioid weaning was not in the treatment plan as the long-term use of opioids for chronic pain is not supported in the guideline criteria. There was also no mention anywhere of any significant or severe positive objective physical exam findings that would be accounting for a pain condition requiring the ongoing opioid treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg 6 times a day #360 for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. However, given the 2009 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10/325 mg 6 times a day #360 for the lumbar spine was not medically necessary.