

<b>Case Number:</b>	CM14-0180967		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	04/03/1998
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Geriatrics and is licensed to practice in New York. 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 is a 58 year old woman with a date of injury of 4/3/98. She was seen by her primary treating physician on 9/3/14 with complaints of low back pain with radiation down her leg. Her medication helped but was losing its effectiveness. Her medication was Ultracet 37.5/325mg twice daily. Her exam showed tenderness at the lumbosacral junction and SI (sacroiliac) joints and pain with lumbar extension and oblique extension. Her diagnoses were lumbar discogenic pain, herniation at L5-S1 with radicular symptoms and meningioma, non-industrial. At issue in this request is the change from Ultracet to Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Norco 10/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

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

**Decision rationale:** This 58 year old injured worker has chronic back pain with an injury sustained in 1998. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment

may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document any improvement in pain, functional status or side effects to ongoing use of narcotics. In fact, her narcotic (Ultracet) was not effective. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The Norco is denied as not medically necessary.