

<b>Case Number:</b>	CM14-0184600		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/20/1996
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 New Jersey. 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 worker is a 49 year old female who was injured on 11/20/1996. She was diagnosed with lumbar radiculitis, lumbar facet arthropathy, bilateral sacroiliitis, bilateral greater trochanteric bursitis, and iliotibial band syndrome. She was treated with physical therapy and medications, including opioids. She was later unable to return to work. The worker was seen by her primary treating physician on 10/14/14, when she complained of unchanged pain in her low back with radiated to her right leg rated at 6-7/10 on the pain scale. No report was made on her medications or how effective they were, although previous prescriptions near the time of the request included MS Contin, Norco, Fentanyl, Naproxen, and Neurontin. Physical findings included tenderness over lumbosacral spine and sciatic notch as well as right gluteal musculature, positive straight leg raise, and slight antalgic gait. She was then recommended to continue her medications

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this entire review was completed at the time of the request. Most importantly there was no documented evidence showing the Norco was measurably benefitting the worker functionally, which is required in order to justify continuation. She is not working at this time. Therefore, the Norco is not medically necessary to continue. Weaning may be needed