

<b>Case Number:</b>	CM14-0021181		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/19/2010
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

The patient is a 59-year-old male with a 6/19/10 date of injury, after he twisted his back utilizing a manual pallet jack. Conservative treatment has included pain management, activity modification, therapy, chiropractic treatment, acupuncture, massage, facet injections, and lumbar ESI. MRI from 6/23/11 was reviewed and the patient underwent lumbar fusion at L4-5, L5-S1 (7/10/12). There is evidence of solid fusion per 2/18/13 AME. 12/12/13 progress note described some ongoing low back pain with limited range of motion and negative straight leg raising. There is tenderness to palpation. Norco and TENS unit were requested. The most recent progress note dated 1/23/14 described chronic low back pain (9/10). The patient had spasms in the low back with painful limited range of motion, and tenderness over the hardware. Strength was full in the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page(s): 79-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Opioid Therapy for Chronic Pain, Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D., N Engl J Med 2003; 349:1943-1953, November 13, 2003, DOI: 10.1056/NEJMra025411 [http://www.americanpainsociety.org/uploads/pdfs/Opioid\\_Final\\_Evidence\\_Report.pdf](http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf).

**Decision rationale:** The patient is a 59-year-old male with a 6/19/10 date of injury, after he twisted his back utilizing a manual pallet jack. Conservative treatment has included pain management, activity modification, therapy, chiropractic treatment, acupuncture, massage, facet injections, and lumbar ESI. MRI from 6/23/11 was reviewed and the patient underwent lumbar fusion at L4-5, L5-S1 (7/10/12). There is evidence of solid fusion per 2/18/13 AME. 12/12/13 progress note described some ongoing low back pain with limited range of motion and negative straight leg raising. There is tenderness to palpation. Norco and TENS unit were requested. The most recent progress note dated 1/23/14 described chronic low back pain (9/10). The patient had spasms in the low back with painful limited range of motion, and tenderness over the hardware. Strength was full in the lower extremities.