

<b>Case Number:</b>	CM14-0025000		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/07/2005
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 55 year old male who suffered work related injury on 09/07/05. He experienced a sudden, sharp low back pain while handling a heavy piece of skylight equipment. He was subsequently seen at a local emergency room. MRI scan was done which lumbar disc injuries. The symptoms persisted at a high level with conservative treatment. Eventually, an anterior/posterior lumbar fusion was done. Surgery was done in 10/08. The injured worker continued to have discomfort and had further injuries to his low back. He was told that he did not need more surgery. Dorsal column stimulator was suggested to the injured worker but he denied. He was currently under the care of [REDACTED]. Medications included Kadian, oxycontin, Norco, Skelaxin, and gabapentin. Per the 02/18/14 progress report by [REDACTED], the injured worker reported ongoing stabbing low back pain radiating into the buttock region. He also complained of numbness and stabbing and burning on the lateral left leg to the bottom of the foot and aching over the left foot. He rated his pain as an 8/10. The pain was worse with bending, lifting, and walking. It was better with sitting, standing, lying down, use of medications and physical therapy. He used a walking device, back brace, ice, and home exercise program. The pain became worse since his last appointment. Physical examination noted he had antalgic gait. He had decreased sensation over the lateral left leg, tenderness of the lumbar paraspinals, increased pain with lumbar flexion/extension. Straight leg raise elicited low back pain bilaterally. The patient was diagnosed with post-laminectomy syndrome of the lumbar spine, chronic pain syndrome, lumbar degenerative disc disease, and radiculopathy, muscle and low back pain, nausea, constipation, GERD, and insomnia. The review of other documents there had been serial urine toxicology testing, opiate contract with [REDACTED], but in review of the notes there had been no functional improvement. His VAS scores changed, when he was on his medication it was 5-6/10, without medications 8/10.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NORCO 10/325MG #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

**Decision rationale:** The clinical documentation does not support the request for Norco 10/325. There is no documentation of functional improvement and pain reduction. Guidelines note that long term use of opioid in the treatment of chronic pain must have documented sustained functional improvement and pain reduction. As such medical necessity for Norco 10/325 #180 has not been established.