

<b>Case Number:</b>	CM14-0028343		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	12/21/2001
<b>Decision Date:</b>	07/01/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 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 injured worker is a 59-year-old female who reported injury on 12/21/2001. The mechanism of injury was a fall. The injured worker underwent an L4-5 fusion. The diagnoses include failed back spinal surgery, lumbar and thoracic DDD, and lumbar and thoracic radiculopathy. The clinical documentation indicated the injured worker is in a [REDACTED] orphanage tutoring children and had a necessity for 3 refills of medication. The medication history as of July revealed the injured worker was taking opiates, Topamax, nortriptyline, Flexeril, Xanax, lisinopril, and aspirin. The documentation of 08/28/2013 revealed the injured worker reported no change in her pain condition and she was obtaining good pain control with the current medication regimen. The treatment plan included Topamax 50 mg tablets 1 to 4 by mouth at bedtime, nortriptyline hydrochloride 25 mg capsules 1 daily, Norco 10/325 tablets 1 by mouth every 6 hours with a maximum of 3 per day, cyclobenzaprine hydrochloride 10 mg tablets 1 as needed 3 times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG # 90, 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 47-49, 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation indicating there is an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 3 months. There was lack of documentation of objective functional benefit and objective pain relief. While it was indicated the injured worker had necessity for 3 refills due to traveling out of the country, the above criteria was not meet and as such the request would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #90 and 3 refills is not medically necessary.