

<b>Case Number:</b>	CM14-0031899		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/19/2001
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Management 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 70-year-old female with a 11/19/01 date of injury, and status post lumbar laminectomy L4-5 1978 and 1981. There is documentation of subjective low back pain radiating to the left more than the right lower extremity down to the posterior calf. There are objective findings of tender and spasm in the paravertebral muscle of the lumbar spine, tender at L5-S1. Current diagnoses are postlaminectomy syndrome, lumbar, lumbosacral radiculitis, lumbago, and degeneration of lumbar disc. Treatment to date includes medications (including Norco since at least 9/13). 3/20/14 medical letter identifies that the patient does not exhibit aberrant drug-related behavior or any significant side-effect profile to currently prescribed opioid therapy. In addition, the medical report identifies that the patient's analgesic response is acceptable and appropriate. The patient as well has an opioid agreement. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Norco use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325mg #90 with one refill DOS: 1/21/14: 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 Opioids  
Page(s): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome, lumbar, lumbosacral radiculitis, lumbago, and degeneration of lumbar disc. In addition, there is documentation of an opioid agreement. However, given documentation of Norco use since at least 9/13, and despite documentation that the patient's analgesic response is acceptable and appropriate, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for retrospective Norco 10/325 mg #90 with one refill DOS 1/21/14 is not medically necessary and appropriate.