

<b>Case Number:</b>	CM14-0032971		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	01/17/1995
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Occupational 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:

According to the records made available for review, this is a 48-year-old male with a 1/17/95 date of injury and status post lumbar fusion and hardware removal (undated). At the time (1/15/14) of request for authorization for Lorcet 10/650 for lumbar spine, there is documentation of subjective (low back pain radiating to the buttock and leg) and objective (decreased lumbar range of motion and sacroiliac joint pain with flexion and straight leg raise) findings, current diagnoses (lumbar post-laminectomy syndrome, status post lumbar fusion and removal of hardware, and chronic opioid therapy), and treatment to date (opioids including Lorcet since at least 11/13/13 with reduction in pain levels).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORCET 10/650 FOR LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** 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 lumbar post-laminectomy syndrome, status post lumbar fusion and removal of hardware, and chronic opioid therapy. However, there is no 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. In addition, despite documentation of ongoing treatment with Lorcet since at least 11/13/13 with reduction in pain levels, there is no (clear) 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 as a result of use of Lorcet. Therefore, based on guidelines and a review of the evidence, the request for Lorcet 10/650 for lumbar spine is not medically necessary.