

<b>Case Number:</b>	CM14-0040378		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	08/16/1997
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 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 female who was injured on 08/16/97 sustaining chronic neck and low back pain. Current diagnoses include lumbago, lumbar intervertebral disc degeneration, neuritis/radiculitis, post laminectomy syndrome and spondylosis. Previous management includes pain medications, lumbar epidural steroid injections, activity restrictions, as well as lumbar fusions at L2-L3 and L4-L5 levels. Clinical note dated 02/17/14 indicated the injured worker underwent transforaminal epidural steroid injection on the right L3-L4 level. Urine drug screen on 02/05/14 was appropriate. The most recent clinical documentation submitted for review is dated 04/10/14 and indicated the injured worker complains of low back pains. The injured worker indicated that the last right-sided transforaminal epidural steroid injection on 02/17/14 still has 90% relief on her right back. The injured worker continues to have extreme left-sided back pain, and worsening left leg numbness, tingling, weakness and pain. The injured worker also indicated that her pain level is rated as 10/10, with an average pain level without medication of 10/10, and with medication, 5/10. The medications have kept her functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. Physical examination of the cervical spine revealed tenderness on the paraspinals, with range of motion as follows, forward flexion of 40 degrees, right and left lateral flexion of 30 degrees, hyperextension of 55 degrees, and right and left lateral rotation of 55 degrees. Examination of the thoracic spine revealed tenderness at the level of T3-T4. Examination of the lumbosacral region revealed tenderness in the low back between L3-L5, with palpable bands of taut muscle with positive twitch response and referred pain. There was positive straight leg raise bilaterally in sitting position, and positive right straight leg raise in lying position. Toe walking increases the pain going down the right lower extremity. Motor strength is decreased on all extremities. Sensory exam to light touch is decreased at L5-S1 distribution, on the right. Medications include

Norco 10-325mg tab, Skelaxin 800mg tab, and Neurontin 100mg cap. Plan of management also included request for left L3-4 transforaminal epidural steroid injection. The previous request for Norco (Hydrocodone-Acetaminophen) 10-325mg tab, with 1 refill was non-certified on 03/03/14.

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

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

**Norco (Hydrocodone- Acetaminophen) 10/325 mg with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. There were no recent urine drug screen reports submitted for review. Further, there are no recent clinical documentations submitted, limiting the ability to assess the patient's current clinical status and substantiate the medical necessity of the requested medication. As such, the request for Norco (Hydrocodone-Acetaminophen) 10-325mg tab, with 1 refill, is not recommended as medically necessary as it does not meet the established and accepted medical guidelines.