

<b>Case Number:</b>	CM14-0049842		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/08/1999
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 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:

97 pages were provided. The request for the IMR was signed on April 15, 2014. The Norco request originally was the 10/325 form, with 1 tablet every 12 hours as needed Number 60 was not certified, but 30 tablets were certified. The claimant was injured back in 1999. There was low back pain radiating into the buttocks with spasm. There was a normal neurologic and motor exam. The claimant had multiple lumbar surgeries. There was no documentation of increased function, or decreased pain on the medicine. The 30 were recommended to commence weaning. A note from October 10, 2013 noted she still has low back pain; the leg pain has resolved. She is happy with the outcome of her second revision surgery. She has gone down to two Norco per day, from six per day plus Opana. She sometimes uses it once a day, and she uses Baclofen for spasm. The pain, which was at 5-7 out of 10, drops to 1-2 out of 10 when she uses the medicine. A 2009 ESI gave her 2.5 months of pain relief. An MRI from 2006 showed L3-4 right lateral subligamentous disc protrusion, and other degenerative changes and spondylolisthesis of L5 on S1. Flexion views confirm the subluxation. Medicines included Capsaicin, Pantoprazole, DSS softgel, Voltaren, Baclofen, Norco, Lisinopril, Metoprolol, Levothyroxine, and Seasonique. The diagnoses were degeneration of the lumbar disc, sciatica, and chronic pain. Norco, Baclofen, Capsaicin and Pantoprazole were prescribed. Recently, a surgical pin in the back was found to be broken. She has been able to decrease and stop most of the opiate pain medicine. She is permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg 1 tablet every 12 hrs prn #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 88 of 127 Page(s): 88 OF 127.

**Decision rationale:** In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. Moreover, the claimant is doing admirably to self-weaning off the medicine, and should be empowered to continue. This request is not medically necessary.