

<b>Case Number:</b>	CM14-0063936		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Georgia. 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 claimant is a 59 year old female presenting with chronic back pain following a work related injury on 9/04/2010. The claimant has tried physical therapy, medications, epidural steroid injections and extensive psychological treatment. Electrodiagnostic studies on 10/29/2010 and 1/26/2011 was normal. On 11/23/2010, x-rays of the lumbar spine with lateral, neutral, flexion, and extension views demonstrated anterolisthesis on the neutral view of the L4-5 level ~8-9mm, decreasing slightly in both flexion and extension to 6 mm at L5-S1 there is anterolisthesis of ~ 5 to 6 mm as well, and degenerative changes throughout the lumbar spine. MRI of the lumbar spine on 1/15/2011 showed mild degenerative and spondylotic changes, accentuation of lower lumbar lordosis and mild levoscoliosis, very mild degenerative left foraminal stenosis at L4-5, accentuated by slight degenerative grade 1 spondylolisthesis. The physical exam showed tenderness, restricted range of motion, mildly positive SLR bilaterally, decreased sensation in the left L5 dermatomal distribution to pinprick and light touch and ambulation with a limp. The claimant was diagnosed with acute lumbar radiculopathy, lumbar degenerative disc disease, spondylolisthesis with instability at L4-5, low back pain, insomnia due to severe pain, depression due to chronic pain and constipation secondary to narcotic medication. A claimant was made for Norco 7.5mg/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg #120, with two (2) refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 79 Page(s): 79.

**Decision rationale:** Norco 7.5/325 mg # 120 with 2 refills is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Norco is not medically necessary.