

<b>Case Number:</b>	CM14-0072888		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Physical Medicine and Rehabilitation, has subspecialties in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 has a history of a work-related injury occurring on 05/18/10. An MRI on 08/09/13 is referenced as showing post surgical changes with left-sided S1 scar tissue. He was seen by the requesting provider on 10/15/13. He was having left low back pain radiating into the leg rated at 8-9/10. Physical examination findings included lumbar paraspinal muscle and facet tenderness with positive left straight leg raise and Kemp tests. There was decreased and painful lumbar spine range of motion. He had a history of a prior lumbar laminectomy and discectomy at L5-S1 in 2001. He had recently been evaluated by an orthopedic surgeon and additional surgery was being considered. Recommendations included an epidural injection and lysis of adhesions. Protonix 20 mg #30, Norco 10/325 mg #120, and tramadol 50 mg #60 were refilled. He underwent the injections on 12/16/13. On 12/19/13 he was having ongoing pain radiating into the left lower extremity. Physical examination findings appear unchanged. Medications were refilled. He was continued at temporary total disability. On 01/14/14 pain was rated at 4-5/10. Although there had been no pain relief after the procedure done in December he was having decreasing radiating left lower extremity symptoms and was taking less medications. Physical examination findings included increased multilevel lumbar facet tenderness. Authorization was requested for another epidural procedure. Medications were refilled. He was continued at temporary total disability. On 01/23/14 he was continuing to take Norco and Protonix. Medications were causing stomach upset. He had lumbar tenderness with spasm and tenderness over the left sacroiliac joint and left sciatic notch. There was decreased lumbar spine range of motion with positive left straight leg raising and positive Kemp tests bilaterally. On 02/10/14 pain was rated at 7/10. Physical examination findings appear unchanged. He had been approved

for the injections and they were to be scheduled. His medications were refilled. The injections were repeated on 02/15/14.

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

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

**Norco 10/325mg #120:** Upheld

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

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

**Decision rationale:** The claimant has a history of a work-related injury occurring more than 4 years ago and history of lumbar discectomy in 2001. He continues to be treated for radiating left low back pain. Medications include Norco which has been prescribed on a long term basis. The claimant has not returned to work. In this case, there is no evidence of progress towards a decreased reliance on medical care or return to work plan and the claimant appears to be becoming more dependent in terms of medical care usage. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco 10/325mg was not medically necessary.