

<b>Case Number:</b>	CM14-0077853		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/21/1996
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Orthopedic 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:

The patient is a 62 year old female with an industrial injury date of 8/21/1996, and accepted for the lower back lumbar/lumbosacral. She is noted to have undergone ALIF at L3-4, L4-5 and L5-S1. She has also been treated for chronic neck/headache complaints. Treatment has included medications, LESI, cervical facet radiofrequency lesioning, cervical MBB, and Botox injections. The patient had pain management follow-up on 4/30/2014 regarding complaints of right sided neck pain, and lower back pain. She had cervical radiofrequency lesioning on 3/17/2014 with 100% relief of cervical pain and Headaches, but last week noted increased right sided neck and headache pain; cambia worked well and stopped the migraine onset. Pain is rated 5/10. She has her medication for count, and has #44 Norco. Pain, sleep pattern, functionality, and medication usage are the same. She had excellent relief of lower back pain and right lower extremity pain with right Transforaminal Epidural Steroid Injection L5-S1 and L4-5. She is able to use less medication with exception of recent increase of neck pain. The current medications are Nortriptyline, Baclofen, Norco 10/325, Ibuprofen, Pantoprazole, Estrace, Senna, Relpax, Hydrocodone-Acetaminophen 10/325, and Cambia. A physical examination reveals flattening of lumbar lordosis, right occipital, para-vertebral and trapezius tenderness, diffuse tenderness of facets bilaterally, and normal gait. She is noted to be suffering from chronic pain syndrome due to multifactorial causes: lumbar post-laminectomy syndrome, bilateral sacroiliitis, lumbar radiculopathy, as well as chronic neck pain. The report states the patient's back is much better since her epidural injection in July. Treatment plan is to continue Ibuprofen, Hydrocodone #120, Relpax, and Cambia, which were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 for lumbar spine pain as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS Guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The medical records do not document pain and functional improvement with comparison to baseline, relevant to Norco. Per the guidelines, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Furthermore, the medical records document the patient's lumbar pain is much improved since undergoing lumbar epidural injection. The medical records do not indicate the patient continues with significant pain level as to require continued access to opioid for pain. Mild to moderate level pain can be managed with non-opioid analgesics. The medical necessity of Norco #120 for lumbar spine pain has not been established, and is therefore is not medically necessary.