

<b>Case Number:</b>	CM14-0151834		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/22/1991
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61-year-old female, who sustained an industrial injury on 5/22/1991. The diagnoses have included lumbar radiculopathy, post lumbar laminectomy syndrome and spinal lumbar degenerative disc disease. Treatment to date has included multiple spine surgeries and medication. According to the Primary Treating Physician's Progress Report dated 7/29/2014, the injured worker complained of back pain, which had increased since the last visit. She rated her pain with medications as 8/10. She rated her pain without medications as 10/10. She reported quality of sleep as poor. Physical exam revealed a stooped gait. Exam of the lumbar spine revealed tenderness to palpation of the lumbar paraspinal muscles and spasm. Authorization was requested for a Transcutaneous Electrical Nerve Stimulation (TENS) unit and medications. On 8/26/2014, Utilization Review (UR) non-certified requests for Soma 350mg 60 tablets, Gabapentin 300mg 180 capsules, Lidoderm 5% 60 patches, Celebrex 200mg 30 capsules, Restoril 15mg 45 capsules and Norco 10/325mg 240 tablets. The Medical Treatment Utilization Schedule (MTUS) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (brp) 10/325mg #240, 1 tablet 4 times a day as needed: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The 8/26/14 Utilization Review letter states the Norco 10/325mg, #240, 1 tablet 4 times a day as needed requested on the 7/29/14 medical report was denied because the reviewer notes continued complaints of 8-10/10 pain and questions the efficacy of medication. According to the 7/29/14 report, the patient presents with 8/10 back pain, worse than her last visit. The report states "she continues to have some benefit to function from pain medications". The report did not discuss what function has benefited, and did not discuss any decrease in pain, or improvement in quality of life from the medications. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more]" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The available medical reports did not document pain or functional improvement compared to a baseline using a numerical scale or validated instrument. There was no reporting to suggest a satisfactory response with decreased pain or improved function or quality of life. The MTUS criteria for continued use of opioids for long-term has not been met. Based on the available reports, the request for a 2-month supply of Norco 10/325mg, 1 tablet 4 times a day as needed, #240, IS NOT medically necessary.