

<b>Case Number:</b>	CM14-0153025		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	10/15/2002
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 47 year old male who sustained an industrial injury on 10/15/2002 while working in a crouched position with most of his weight across a pallet and falling when the board snapped. He was being treated for low back pain and was status post lumbar artificial disc placement at L1-L2 and posterior L3-L4 as well as L4-L5 fusion. Prior to that his treatment injured worker treatments included spinal injections and chiropractic therapy. He also underwent a redo lumbar surgery later with some relief of his right leg symptoms. His most recent progress note from 08/25/14 was reviewed. He had constant pain in his back with a heavy numbing sensation in his left leg. He was not working. His pain was 9/10 on the day of presentation, with 10/10 without medications and 4/10 with medications. He was using Norco 4-5 per day for pain and Neurontin 800mg four times daily for neuropathic pain. He was using AndroGel for testosterone replacement due to hypogonadism from chronic narcotic use. He reported 50% reduction in his pain with medications and 50% functional improvement with activities of daily living. Pertinent examination findings included limited range of motion of lumbar spine, positive SLRs bilaterally, sensory loss in the left lateral calf and bottom of his foot. Impression was status post artificial disc placed at L1-L2, interbody fusion from L3-L5, chronic back pain and left radicular symptoms and neuropathic pain, intermittent nausea from narcotic use, neurogenic bladder, dyspepsia and hypogonadism from narcotic use. He had a narcotic contract and urine drug screens had been appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription of Norco 10/325mg #140: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management of Opioids Page(s): 78-80.

**Decision rationale:** The employee was a 47 year old male who sustained an industrial injury on 10/15/2002 while working in a crouched position with most of his weight across a pallet and falling when the board snapped. He was being treated for low back pain and was status post lumbar artificial disc placement at L1-L2 and posterior L3-L4 as well as L4-L5 fusion. Prior to that his treatment injured worker treatments included spinal injections and chiropractic therapy. He also underwent a redo lumbar surgery later with some relief of his right leg symptoms. His most recent progress note from 08/25/14 was reviewed. He had constant pain in his back with a heavy numbing sensation in his left leg. He was not working. His pain was 9/10 on the day of presentation, with 10/10 without medications and 4/10 with medications. He was using Norco 4-5 per day for pain and Neurontin 800mg four times daily for neuropathic pain. He was using AndroGel for testosterone replacement due to hypogonadism from chronic narcotic use. He reported 50% reduction in his pain with medications and 50% functional improvement with activities of daily living. Pertinent examination findings included limited range of motion of lumbar spine, positive SLRs bilaterally, sensory loss in the left lateral calf and bottom of his foot. Impression was status post artificial disc placed at L1-L2, interbody fusion from L3-L5, chronic back pain and left radicular symptoms and neuropathic pain, intermittent nausea from narcotic use, neurogenic bladder, dyspepsia and hypogonadism from narcotic use. He had a narcotic contract and urine drug screens had been appropriate. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for lumbar radiculopathy and post lumbar surgery back pain with Norco four to five times a day. There was documentation that the medications improved the pain level and functional status. There was documentation on narcotic contract and urine drug screen even though the results were not available. There were some side effects which were being treated. He was not working. Given the improvement of pain and functioning, given the failure to control pain with multiple surgeries, injections and other modalities, the ongoing use of Norco is within guideline recommendations. Hence the request for continued use of Norco 10/325mg #140 is medically necessary and appropriate.