

<b>Case Number:</b>	CM14-0178570		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	03/04/1996
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 72 year old female with a date of injury of 3-4-1996. She has had long standing low back pain with radiation to the lower extremities associated with numbness. She has had 3 separate low back surgeries and is essentially fused from L3-L6. Her continuing pain is thought to be from spinal stenosis at the L2-L3 level. Current discussion involves potential surgery at the L2-L3 level versus increasing the opiates. She has been taking Celebrex and Norco for pain. The Norco 5/325 has been taken tablet three times a day for close to 20 years. Pain levels have not been quantified. Her functionality has deteriorated over the years. The physical exam shows restricted lumbar range of motion, diminished sensation to the lateral thighs, diffuse lumbosacral tenderness, and an otherwise normal lower extremity neurologic examination. The diagnoses include lumbar spinal stenosis and s/p lumbar fusion surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 5/325 mg #60:** Overturned

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

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

**Decision rationale:** The cited guidelines require that those receiving opioids chronically have ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. It is stated that those who do not have improved pain and functioning as a consequence of the opioids should be discontinued from treatment. That being said, there is a provision that opioids shall not be discontinued if there has been a treatment failure as a consequence of inadequate dosing. In this instance, the injured worker has been taking exceedingly small doses of opioids for many years and has shown great reluctance to increase her dose. An increased dose was finally agreed to by the injured worker on 9-2-2014, i.e. 2.5 mg of Hydrocodone three times a day. This remains a suboptimal dose for someone who has experienced 3 back surgeries and likely needs another. Therefore, 1 prescription of Norco 5/325 mg #60 was medically necessary.