

<b>Case Number:</b>	CM14-0198134		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 61 year old male who was injured on 3/18/2009. The diagnoses are status post cervical discectomy fusion, cervical spondylosis, lumbar radiculopathy and low back pain. The 2010 MRI of the lumbar spine showed spinal stenosis at L4-L5, facet arthropathy and multilevel disc bulges. The patient completed PT, lumbar epidural injections. On 11/6/2014, there was subjective complaint of low back pain radiating to the lower extremities associated with numbness and weakness of the right lower extremity. The pain was decreased with utilization of the medications. There was no documentation on adverse effects, aberrant drug behaviors, compliance monitoring or CURES data. There is no documentation of failure of NSAIDs and co-analgesics. On 12/12/2013, [REDACTED] noted that the patient was utilizing 6 to 10 Norco a day. The patient was noted to have admitted to problem with opioid overuse. The patient agreed to opioid weaning measures after lumbar surgery. The patient is awaiting authorization for lumbar laminectomy. A Utilization Review determination was rendered on 11/18/2014 recommending non certification for Norco 10/325 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-32 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interactions with other sedatives. The records indicate that the patient was utilizing 6 to 10 Norco per day. There is no indication the patient have failed treatment with NSAIDs or co-analgesics that have opioid sparing effects. There is no documentation of UDS, compliance monitoring of absence of aberrant behavior or functional restoration. The guidelines recommend that patients on high dose opioids with psychosomatic disorders or dependency be referred to Pain Programs or Addiction Programs for safe weaning. The criteria for the use of Norco 10/325mg #120 was not met.