

<b>Case Number:</b>	CM14-0199632		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	09/03/2008
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Physical Medicine Rehab 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:

This case involves a 37 year-old patient who sustained an injury on 9/3/08. Request(s) under consideration include Norco 10/325 mg. Diagnoses include thoracic/lumbar radiculopathy; Diabetes Mellitus/ cauda equina syndrome/ diabetic polyneuropathy/ peripheral neuropathy (non-industrial); gait instability; and mild protraction of neck/abnormal posture. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing low back pain. Report of 10/14/14 from the provider, noted current pain level of 7/10 with medications; previous week was 9/10; and low back (60%) pain radiates to right lower leg (40%) with associated stiffness, weakness to bilateral lower limb with difficulty during all movements. Medications list Norco, Neurontin, Prilosec, Colace, Senna, Viagra, Aspirin, Gemfibrozil, Glimepiride, Lisinopril, Nitrofurantoin, and Orphenadrine citrate. Exam showed limited range of 40-60% of normal in lumbar spine; hypertonicity, straight leg raises (SLR); facet distraction/loading test positive in L4-S1, absent sensation along peri-anal, penile and perineal regions bilaterally; trace weakness ankle; plantar fasciitis and extensor hallucis longus; and deep tendon reflexes 2. The patient remained permanent and stationary with permanent restrictions of 25 pound limitation with limited repetitive bending/twisting. Treatment plan is continue medication. Previous report of 5/6/14 noted pain Visual Analog Scale (VAS) of 3/10 with and 8/10 without medications. The request(s) for Norco 10/325 mg was non-certified on 10/30/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment. The use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management, which also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. Therefore, this request is not medically necessary.