

<b>Case Number:</b>	CM14-0202071		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/15/2006
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Practice, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on 01/15/2006. He is status post posterior lumbar interbody fusion at L5-S1 on 11/19/2008. His diagnoses include lumbar post-laminectomy syndrome and L5-S1 discopathy with right lower extremity radiculopathy. He has persistent low back pain radiating down his right lower extremity. At his pain management visit on November 3, 2014 he rated his pain as 8/10 in intensity aggravated by any bending, twisting and turning. He had a lumbar spinal stimulator implanted on 1/24/2013 but continues to have problems with it. It provides at least 60% pain relief to his radicular symptoms but is not as effective in managing his low back pain. X-rays of his thoracolumbar spine have revealed migration of the spinal cord stimulator lead. A neurosurgeon has received authorization to revise the stimulator which would improve paresthesia coverage to his lower back and lower extremity but he has elected to have a trial of an intrathecal morphine pump instead. He is on Duragesic 75 mcg and Norco 10/325 mg 3-4 tablets a day which he takes for breakthrough pain. It is reported that this enables him to function on a daily basis. He is able to assist with cooking, cleaning, and taking care of his 12 year old son. He take Neurontin for neuropathic pain and Lyrica which causes him to feel drowsy and forgetful. He also takes Soma, Prilosec, Xanax, Prozac, Cialis, Medicinal Marijuana, and Cymbalta. Urine Drug Testing was consistent with his medication use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list. Decision based on Non-MTUS Citation ODG Low Back-Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case there was not adequate documentation of improvement in function related to the Norco use. The worker reports that Duragesic and Norco enable him to function on a daily basis but this has not been adequately measured and it is not clear if the Norco provides any added benefit over the Duragesic and other medications. This worker is on high doses of opioids and continues to have high levels of pain, 8 on a 0-10 scale. There is not adequate evidence of benefit in this case to claim medical necessity. Opioids for chronic back pain are shown to be efficacious but limited for short-term pain relief and efficacy beyond 16 weeks appears limited. It is not clear that this worker is obtaining benefit at his current dose of opioids over a lower dose or any dose at all. Therefore, the request is not medically necessary.