

<b>Case Number:</b>	CM14-0202100		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	10/27/1997
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 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:

The patient is an injured worker with a history of chronic low back pain. Date of injury was 10/27/97. The patient is status post failed back surgery. The progress report dated July 16, 2014 documented that the patient suffers from intractable low back and left lower extremity pain. The patient has an intraspinal drug delivery system in place for treatment with chronic opioid therapy. Regarding analgesia, the patient's analgesia is stable. She desires to proceed with pump replacement as soon as possible. Her end of battery life now is down to seven months. Regarding aberrant behaviors, the patient is stable. Urine drug test was performed. Regarding adverse effects, the patient denies any nausea, vomiting or constipation, a loss of bowel and bladder control or lower extremity weakness. Regarding activities, the patient is disabled, but is independent in activities of daily living. She was able to drive to the office today. The patient has a history of hypertension and failed back surgery syndrome. She recently underwent catheter evaluation, which was performed April 29, 2014. She also underwent a lumbar thoracic junction magnetic resonance imaging to look at the catheter tip to rule out granuloma. The magnetic resonance imaging was negative for granuloma. She is clear, cogent and unimpaired from medications and her mood is baseline. She is neatly groomed and pleasant. The pump pocket is located in the left lower quadrant of the abdomen and the catheter tract along the left flank without redness, tenderness or swelling. The patient was able to ambulate in the exam room today with a steady gait. Diagnosis was failed back surgery syndrome with episodes of left lower extremity radicular pain. The progress report dated 10/06/14 documented low back pain 4-5/10 and stiffness. The patient suffers from intractable low back pain and left lower extremity pain and remains disabled from her chronic illness. Sitting is only tolerated for 20 minutes, standing for only 15 minutes and walking for only 5 minutes. Patient is independent and requires no assistive device. On examination, pain level is 3/10. She remains clear, cogent and unimpaired

from medications. Her pain pump is located in the left lower quadrant of the abdomen and the catheter tract along the left flank without redness, tenderness or swelling. Pump refill and reprogramming was done in clinic under ultrasound guidance. There was no change in the appearance of the pocket following the reservoir refill. Diagnosis was postlaminectomy syndrome of lumbar region. Norco 10/325 mg was requested. Utilization review determination date was October 31, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #50:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96; 91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids as "do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. Medical records document a history of chronic low back pain, failed back surgery, intraspinal drug delivery system, and postlaminectomy syndrome of lumbar region. Medical records document objective evidence of pathology. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document regular physician clinical evaluations. Medical records provide support for the prescription of Norco. Per MTUS, Norco (Hydrocodone/Acetaminophen) is indicated for moderate to moderately severe pain. The request for Norco 10/325 mg is supported by MTUS guidelines. Therefore, the request for Norco 10/325mg #50 is medically necessary.