

<b>Case Number:</b>	CM14-0205055		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/19/2008
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 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:

According to the records made available for review, this is a 49-year-old male with a 4/19/08 date of injury, and status post lumbar discectomy and laminectomy (undated). At the time (11/14/14) of request for authorization for Norco 5/325mg #60, there is documentation of subjective (continued low back pain that radiates to hips) and objective (on palpation, paravertebral muscles, spasm, tenderness, and tight muscle band noted on both sides, spinous process tenderness noted on L4 and L5, FABER test positive, and tenderness over sacroiliac joint on right side) findings, current diagnoses (postlaminectomy syndrome of lumbar region, lumbar disc displacement without myelopathy, low back pain, and lumbago), and treatment to date (medications (including ongoing treatment with Norco (which allows patient to perform activities of daily living and avoid Emergency Department visits for his severe flares), Omeprazole, Gabapentin, Lunesta, and Celebrex)). Medical report identifies the long-term controlled substance agreement was reviewed with the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for use. Decision based on Non-MTUS Citation ACOEM (Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 6

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome of lumbar region, lumbar disc displacement without myelopathy, low back pain, and lumbago. In addition, given documentation of a controlled substance agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation that Norco allows the patient to perform activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 5/325mg #60 is medically necessary.