

<b>Case Number:</b>	CM14-0208854		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/12/2009
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2014

### 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 ENTER SUBSPECIALTY 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 is a 42-year-old male claimant who sustained a work injury on January 12, 2009 involving the low back. He was diagnosed with lumbar disk disease and sacral radiculopathy. He underwent a lumbar laminectomy and developed post laminectomy syndrome. He has an electrical stimulator placed. Progress note on July 2, 2014 indicated that claimant had 3 - 9/10 pain. Exam findings were notable for paraspinal tenderness in the lumbar fine and limited range of motion. There was a positive left straight leg raise test at 20. A progress note on October 6, 2014 indicated the claimant has continued back pain. The back exam was not performed at the time. The claimant was tapered off his Norco and increase in his Levorphanol for pain

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Levorphanol Tartrate 2mg #90/ 30days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Levorphanol is 4 to 8 times as potent as morphine with a much longer half-life. The claimant has been on Norco for unknown length of time. According to the MTUS

guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. There's no indication of Tylenol or nonsteroidal failure. A lumbar spine exam was not recently completed to determine the quality of pain. The use of Levorphanol was not justified and therefore not medically necessary.