

<b>Case Number:</b>	CM14-0211405		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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, and is licensed to practice in Ohio. 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 injured worker is a 47-year-old male who developed low back pain radiating to the left lower extremity as a consequence of lifting a heavy refrigerator January 15, 2008. On June 23, 2011 he underwent a 2 level lumbar fusion. He continues to complain of low back pain on the order of 6/10 which improves to a 3-4/10 with medication. The physical exam reveals tenderness to palpation of the lumbar and thoracic paravertebral muscles, a positive straight leg raise examine on the right, diminished lumbar range of motion, diminished sensation of the left lateral calf with atrophy, diminished strength of the left extensor hallucus longus, and a diminished right Achilles reflex. He has been taking Norco 10/325 mg, 3 or 4 daily, and had previously been prescribed tramadol ER 150 mg daily. Both of these medications were previously noncertified because of a lack of improvements in functionality, risk assessment for opiate addiction, and lack of screening for aberrant drug taking behavior. The diagnoses include lumbar spinal stenosis, lumbar degenerative disc disease, bipolar type I disorder, attention deficit hyperactivity disorder, history of substance abuse, low back pain, and obstructive sleep apnea. At issue is a request for Norco 10/325 mg #120 with 3 refills. That request was modified to #48 on December 12, 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indications for addiction.

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

**Decision rationale:** Patients prescribed opioids chronically should have ongoing assessment for pain relief, functional status, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functional status. In this instance, while the record does reflect improved pain scores while on opioids, there is no indication that functionality improves as a consequence of the medication. Additionally, there is no evidence that any monitoring for aberrant drug taking behavior is occurring such as urine drug screening or surveillance of pharmacy databases i.e. CURES reports. Given the injured worker's history of drug abuse and psychiatric illness, he would be classified as someone who is at high risk for aberrant drug taking behavior. Patients in this category generally have frequent urine drug screens, as often as monthly. Therefore, Norco 10/325 mg #120 with 3 refills is not medically necessary in accordance with the referenced guidelines.