

<b>Case Number:</b>	CM15-0005740		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/04/1993
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 74-year-old female, who sustained an industrial injury on March 4, 1993. The diagnoses have included chronic low back pain and low back pain. Treatment to date has included pain medication, physical therapy, massage, exercise program and nerve blocks. Currently, the injured worker complains of pain in the middle of her back and to the left and right sides. Without her medication, she reports the pain as a 6-8 on a 10-point scale and with her pain medication a 3-4 on a 10-point scale. She exhibits guarding with transfers and ambulates with a moderate antalgic gait on the right. She has right leg strength of 4/5 and left leg strength of 5/5. Her back range of motion was flexion of 40 degrees and extension of 5 degrees. The injured worker had tenderness to palpation over the right gluteal bursa region. The injured worker's plan of care included beginning a functional restoration program. The documentation reveals that the injured worker has taken the medication for over 20 years and will need to continue on the medication until she is weaned off in the Functional Restoration Program. She has been unsuccessful with prior attempts to wean her opioid use due to increased pain. A pain program was recommended to assist her with improving her function and opioid weaning. On December 29, 2014 Utilization Review modified a request for Norco 10/325 mg #180, noting that the injured worker utilized opioid medications over the previous 20 years, the injured worker expressed a desire to wean off the medications and there was a lack of documentation to warrant continued use. The MTUS was cited. On 01/12/2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg #180.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the judicious use of opioids when there is pain relief and functional benefits. It is clearly documented that this patient gets pain relief from opioids, but they interfere with her functioning and she would like to discontinue or taper use. This is planned during an upcoming pain program as she has not been successful in with tapering in the past. The treating physicians are planning this and it is reasonable that they should be allowed to complete this plan which is consistent with Guidelines. If she continues on the same dosage after the program is completed this can be re-reviewed. When the Norco 10/325 #180 was requested it is medically necessary.