

<b>Case Number:</b>	CM15-0106113		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	02/14/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Emergency 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 54-year-old male with an industrial injury dated 02/14/2012. His diagnoses included right lumbar 5 radiculopathy with right foot drop, right sacral 1 radiculopathy with right lower extremity weakness and right calf atrophy, lumbar post laminectomy syndrome, neuropathic pain, lumbar disc protrusion, lumbar stenosis, gastrointestinal upset secondary to industrial medications and disturbed sleep secondary to chronic industrial pain. Prior surgical history was lumbar spine surgery on 01/16/2013. Prior treatments included surgery and medications. He presents on 04/01/2015 with complaints of bilateral low back pain radiating to right buttock and right lower extremity with numbness. Physical exam revealed tenderness upon palpation of the lumbar paraspinal muscles. Peripheral pulses were two plus with normal capillary filling. Bilateral lower extremity ranges of motion and lumbar ranges of motion were restricted by pain in all directions. The injured worker's medications included Norco, Neurontin, Prilosec, Cymbalta, Trazodone, Colace and Capsaicin. The provider notes the Norco provides 40% improvement of the injured worker's pain and 40% of improvement in his activities of daily living such as self-care and dressing. The provider documents the injured worker is up to date on pain contract and his previous urine drug screens were consistent with no aberrant behaviors. Treatment plan included Norco, Medrox cream and follow up visit in 4 weeks. The treatment request is for Norco 10/325 # 120 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #120 no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 80-83 of 127.

**Decision rationale:** The patient is a 54-year-old male with an injury in February of 2012. He has been diagnosed with right lumbar radiculopathy, right foot drop, and right sacral radiculopathy. He has been treated with surgical measures and opioid medication. The request is for ongoing use of opioid medications to help alleviate his chronic pain. The MTUS guidelines state that opioids are not recommended as first line therapy for neuropathic pain. Opioids do appear to be effective for short-term use after injury, but limited beyond 16 weeks. In addition, there is lack of documentation describing the functional improvement seen other than simply stating improvement in the activities of daily living. Further, there is a discrepant urine drug screen, which is not explained in the documentation provided. For the above reasons, the request is not medically necessary.