

<b>Case Number:</b>	CM15-0186858		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/28/2001
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old female who sustained an industrial injury on 04-28-2001. Medical records indicated the worker was treated chronic pain, lumbar back pain with radiculopathy, failed lumbar back surgery, and chronic depression, anxiety and insomnia. She is post L5-S1 fusion with instrumentation in 2006 with removal of instrumentation in 2002. In the Pain Management provider notes of 09-11-2015, the injured worker is seen for medication maintenance. The worker stated her pain worsened with rotation from Oxycontin to methadone with a reported significant decrease in functionality within the month prior. Her pain is described as a constant pain and spasticity that is described as aching, cramping, burning, and stabbing. Pain is made worse with lifting, sitting, physical activity, stress, standing, and weather changes or cold weather. Sleep makes it better as does rest, heat, medications and position changes. With medications in the last month, her least pain is a 5 on a scale of 1-10, the average pain is an 8. She reports difficulty falling asleep (up to 2 hours) with frequent sleep interruptions (up to 8 per night) despite taking sleep medications. She also reports she can go out of the house without assistance but spends 50-70% of her day inside resting or reclining. She does not always get dressed daily. Her mood is depressed. She states she has been taking medications as prescribed. Medications include Norco, and Oxycontin, (since at least 03-27-2015) and Effexor with Nexium, and Estradiol. The plan of care included resumption of Oxycontin, and encouragement of activity including a gradual and progressive daily stretching regimen. A request for authorization was submitted for 1 prescription of Norco 10/325mg #240, and 1 prescription of Oxycodone 80mg #120. A utilization review decision 09-16-2015 modified the

request for 1 prescription of Norco 10/325mg #240 to Norco prescription of #120, and certified the request for 1 prescription of Oxycodone 80mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 prescription of Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** 1 prescription of Norco 10/325mg #240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Norco without significant evidence of significant objective increase in function therefore the request for continued Norco is not medically necessary.