

<b>Case Number:</b>	CM15-0189287		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	01/02/2006
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Texas, Illinois

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 54 year old male, who sustained an industrial injury on 01-02-2006. A review of the medical records indicates that the worker is undergoing treatment for post lumbar spine surgery syndrome, sciatica, meralgia paresthetica, cervicalgia, cervical disc displacement and cervical radiculopathy. Treatment has included Norco (at least as far back as 2006), OxyContin, Opana, physical therapy and surgery. Subjective complaints (06-17-2015 and 08-18-2015) included headaches, neck and low back pain rated as 5 out of 10. Symptoms were noted to be improved with the use of Norco, however pain ratings before and after use of Norco were not provided and duration of pain relief was not documented. Functional improvement with medication was noted with a greater ability to perform light tasks around the house but there was no evidence of objective functional improvement. Objective findings (06-17-2015 and 08-18-2015) included bilateral occipital tenderness, healed left sided neck incision, left upper extremity pain in C7-C8 pattern and facet tenderness from L1-S1 worse on the right side with bilateral lower extremity pain from mid thigh down in stocking glove distribution. A prescription of Norco was requested. A utilization review dated 09-09-2015 non-certified a request for Norco 10-325 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #60: 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, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

**Decision rationale:** The injured worker sustained a work related injury on 01-02-2006. The medical records provided indicate the diagnosis of post-lumbar spine surgery syndrome, sciatica, meralgia paresthetica, cervicalgia, cervical disc displacement and cervical radiculopathy. Treatment has included Norco (at least as far back as 2006), OxyContin, Opana, physical therapy and surgery. The medical records provided for review do not indicate a medical necessity for Norco 10/325 #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS recommend reassessment and documentation of pain and function in numerical scale and comparing with baseline values when opioid is used for more than six months. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioid medications at least since 2008, but with no overall improvement. The medical records do not indicate the injured worker is properly monitored according to the MTUS recommendations. The request is not medically necessary.