

<b>Case Number:</b>	CM15-0189669		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/21/2015
<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: 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:

This 53 year old woman sustained an industrial injury on 3-4-2002. Diagnoses include lumbar post-laminectomy syndrome, lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, lumbago, insomnia, and depressive disorder. Treatment has included oral medications and psychological care. Physician notes dated 7-27-2015 show complaints of chronic back pain in the low mid back with radiation to the buttock and hip, difficulty sleeping at night, and depression. The worker states her pain is 8 out of 10 at the worst and 5 out of 10 at the best after taking Norco. The physical examinations shows spine flexion 80 degrees, extension 15 degrees, bilateral bending and rotation is "near full". Recommendations include Norco with initiation of breaking tablets in half to begin a tapered dose, dietary changes, Lactulose, weight loss, and follow up in four weeks. Utilization Review modified a request for Norco on 8-21-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** 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 for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker is noted to have been prescribed Norco in a chronic manner without the objective documentation of significant functional improvement. Additionally, this medication has been recommended for weaning purposes only on two prior reviews. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 is not medically necessary.