

<b>Case Number:</b>	CM15-0193628		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/04/2002
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old male, who sustained an industrial injury on January 04, 2002. The injured worker was diagnosed as having degenerative of lumbar or lumbosacral intervertebral disc. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, status post sacrococcygeal joint injection, status post lumbar transforaminal epidural steroid injection, chiropractic therapy, acupuncture, magnetic resonance imaging of lumbar spine, and magnetic resonance imaging of the thoracic spine. In a progress note dated September 04, 2015 the treating physician reports complaints of chronic back pain. The progress notes from September 04, 2015, July 10, 2015, and May 05, 2015 did not include examinations of the lumbar spine. The injured worker's medication regimen on September 04, 2015 included Norco (since at least March of 2012) and MS Contin (since at least March of 2012) along with noted use of Cyclobenzaprine that the treating physician indicated did not help the injured worker along with sedative effects and was discontinued by the injured worker. The progress note on September 04, 2015 did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On September 04, 2015, the treating physician requested the medications of two prescriptions of Norco with a quantity of 120 and MS Contin with a quantity of 60 noting current use of these medications. On September 15, 2015, the Utilization Review determined the request for two prescriptions of Norco with a quantity of 120 to be non-certified. On September 15, 2015, the Utilization Review determined the request for two prescriptions of MS Contin with a quantity of 60 to be modified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Two prescriptions of Norco #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, Opioids, criteria for use.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/4/15. Therefore, the determination is not medically necessary.

### **Two prescriptions of MS Contin #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/4/15. Therefore, the determination is not medically necessary.