

<b>Case Number:</b>	CM15-0199248		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 30 year old male, who sustained an industrial injury on 9-7-10. The injured worker has complaints of low back pain. Thoracolumbar spine examination was decreased with flexion; extension; lateral flexion and rotation. The evidence of surgery in the lower thoracic, upper lumbar area and lower lumbar area there is tenderness to palpation over these areas. The diagnoses have included low back pain; lumbar degenerative disc disease; failed lumbar and thoracic back surgery syndrome; thoracic pain and lumbar radiculopathy. Treatment to date has included decompression, fusion and instrumentation surgery at T12-L1 followed by surgery at L5-S1 (sacroiliac); physical therapy; core strengthening and possibly swimming at the gym; Norco; Flexeril and home exercise program. Lumbar spine magnetic resonance imaging (MRI) on 2-14-11 revealed advanced focal disc herniation at T10 to T11 and T11 to T12, focal kyphosis at T11, a 9 millimeter left paracentral disc protrusion producing severe central compression of the spinal cord, focal disc disease and a large posterior central disc protrusion at L5-S1 (sacroiliac) measuring 15 millimeter and a significant mass effect on the right nerve roots. Thoracic spine computerized tomography (CT) scan on 4-6-11 revealed degenerative changes of the thoracolumbar junction. The original utilization review (9-17-15) modified the request for Norco 10-325mg #120 times 2 refills to Norco 10-325mg #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 10/325mg #120 x 2 refills:** Upheld

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

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. 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 request is not medically necessary.