

<b>Case Number:</b>	CM15-0199281		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/25/2000
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/18/2015
<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: Montana, Oregon, Idaho

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 52 year old male, who sustained an industrial injury on 1-25-00. The injured worker was diagnosed as having persistent lumbago, status post lumbar laminectomy with post-laminectomy syndrome, left lumbar radiculopathy, chronic pain syndrome with chronic opioid tolerance, and chronic reactive clinical depression. Treatment to date has included physical therapy, injections, and medication including Norco, Zanaflex, Clonazepam, Adderall, and BuSpar. On 8-20-15, the treating physician noted "there is moderate to severe tenderness to palpation of the lower lumbar spine. There is no pain on palpation of the lower lumbar spine. No significant paraspinal muscle spasm noted." Paresthesias and dysesthesias of the buttock and thigh down to the foot were also noted. On 6-17-15 pain was rated as 5-6 of 10 with medication. On 8-12-15, pain was rated as 8-9 of 10 without medication and 4-5 of 10 with medication. The injured worker had been taking Norco since at least February 2015. On 8-20-15, the injured worker complained of low back pain and left leg pain. On 9-9-15, the treating physician requested authorization for Norco 10-325mg #180. On 9-18-15, the request was modified to a quantity of 150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Overturned

**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, Drug testing, Opioids, long-term assessment.

**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 sufficient evidence to support chronic use of narcotics. It is documented that he does not exhibit aberrant behavior, use illicit drugs or have escalating doses. There is demonstrated functional improvement in the exam notes from [REDACTED], percentage of relief is documented to be 50%, demonstration of urine toxicology compliance on 6/17/15 from the exam notes provided for review. The request has met the criteria set forth in the guidelines and therefore the request is medically necessary.