

<b>Case Number:</b>	CM15-0024373		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59-year-old male who reported an injury on 07/01/2008, due to an unspecified mechanism of injury. On 10/15/2014, he presented for a follow up evaluation regarding his work related injury. He stated that he had been taking more Norco than he was prescribed, because he was having more pain, and that he was frustrated that he was continuing to take opiates, and wanted to be weaned off. He reported pain that continued in the mid back and radiated into the right and left side. He stated that without his pain medications, his pain would be at a 7/10, and with, it would be a 4/10 to 5/10. He also reported right knee pain just above the patella, rated at a 3/10 to 4/10 with medications and a 7/10 without. A physical examination showed that he was moderately obese and was able to ambulate with a guarded posture. Back range of motion showed flexion of 50 degrees and extension of 10 degrees. Lower extremity range of motion was noted to be fair, and he had moderate weakness of the spinal stabilizer muscles. Lower extremity strength was a 5/5, and he had tenderness to palpation across the spinous process of the lumbar spine and tenderness to palpation in the bilateral paraspinal muscles. He also had tenderness to palpation over the right patella. His medications included Flector patches, Norco 10/325 mg 1 by mouth every 6 hours, Zanaflex 4 mg tablets half tablet twice a day and 1 to 2 by mouth every at bedtime, and Wellbutrin SR tablets (sustained release) 1 by mouth twice a day. He was diagnosed with postlaminectomy syndrome of the lumbar region; degenerative disc disease; opioid dependence; depressive disorder, NOS; and low back pain. The treatment plan was to continue Norco 10/325 mg.

## 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 Treatment Guidelines Page(s): Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status appropriate medication use, and side effects should be performed during opioid therapy. The documentation submitted for review does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate that he has been compliant with his medication regimen. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Topomax 25mg # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines indicate that antiepileptic drugs are recommended for neuropathic pain. The documentation provided does not indicate that the injured worker is having a significant functional improvement or a significant decrease in pain with the use of this medication to support its continuation. Also, the frequency of the medication was not stated within the request. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.