

<b>Case Number:</b>	CM15-0213680		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	04/16/2011
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Family Practice

### 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 46 year old female, who sustained an industrial injury on 4-16-2011. The injured worker is undergoing treatment for: thoracic-lumbosacral neuritis, lumbar spinal stenosis with neurogenic claudication, lumbar disc displacement. On 7-1-15, she is reported to have fallen due to left quadriceps weakness and foot drop. On 8-5-15, pain to the low back, neck, and trapezii. He indicated his thighs go numb after standing or walking for 5 minutes. Objective findings revealed no tenderness in the low back, normal lumbar range of motion, decreased muscle strength of quadriceps and right tibial anterior, decreased deep tendon reflexes of patella and Achilles, sensation of bilateral thighs is decreased. The treatment and diagnostic testing to date has included: medications. Medications have included: medrol, naproxen, Prilosec, norco, fexmid, tramadol, atenolol. The records indicate she has been utilizing Norco since at least December 2014, possibly longer. There is no discussion regarding pain reduction with Norco. Current work status: unclear. The request for authorization is for: Norco 10-325mg quantity 120. The UR dated 10-16-2015: modified certification of Norco 10-325mg quantity 45.

### 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, Section(s): Opioids (Classification), 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:** As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function or change in work status to support the ongoing use of opioids. The medical records note that weaning has been initiated and Utilization Review has allowed modification of the requested medication for additional weaning. The request for Norco 10/325mg #120 is therefore not medically necessary and appropriate.