

<b>Case Number:</b>	CM15-0217595		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	05/27/2000
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old female who sustained a work-related injury on 5-27-00. Medical record documentation on 9-29-15 revealed the injured worker was being treated for lumbago and chronic pain syndrome. She reported chronic low back pain and was status post L4-L5 discectomy in 2004. She rated her pain level a 4 on a 10-point scale (5 on 8-4-15) and noted that her pain can range from a 2-6 on a 10-point scale (average pain of 4 on 8-4-15). Her activities remained limited and she avoided aggravating her symptoms. She reported continued neuropathic pain into the left lower back with radiation of pain down the left leg along the lateral left hip past the left knee. She had associated paresthesia. She reported that her medications decreased her pain by at least a third and the evaluating physician noted that she had no evidence of aberrant behavior. Her medication regimen included Norco 10-325 mg (since at least 12-16-14) and Neurontin 300 mg. Objective findings included full mobility and normal strength of the upper extremities. Her spinal movements were functional and her transfers and gait were normal. She had negative bilateral straight leg raise. A request for Norco 10-325 mg #75 with one refill was received on 10-7-15. On 10-8-15, the Utilization Review physician modified Norco 10-325 mg #75 with one refill to Norco 10-325 mg #60 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #75 with 1 Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** Review indicates the request for Norco was modified to #60 without refills. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic May 2000 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325 MG #75 with 1 Refill is not medically necessary and appropriate.