

<b>Case Number:</b>	CM15-0219962		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: North Carolina, Georgia  
 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 37 year old male injured worker suffered an industrial injury on 3-8-2011. The diagnoses included lumbar post-laminectomy syndrome, chronic bilateral lumbosacral radiculopathy, sciatica, lumbar spinal stenosis and psychogenic pain. On 9-21-2015 the provider noted a consistent urine drug screen, a consistent CURES report and a signed opioid contract 8-13-2015. The provider noted a discussion with the injured worker regarding risk and benefits of chronic opiate treatment. On 10-23-2015 the provider reported low back pain that was constant with associated numbness and tingling down the bilateral lower extremities to the feet rated 7 to 8 out of 10 without medication and 4 out of 10 with medication. The provider noted he was currently working and the medication did help him to improve his function at work for the whole day, walk more and lift more. Depending in the workload during the day, he does have flare-ups of pain and has needed to take an extra tablet, Depending on the outcome if the epidural steroid injection, the injured worker wanted to consider the option of tapering down the Norco. The documentation provider included a comprehensive pain evaluation with evidence of improved pain levels and improved functional performance with treatment. There was a consistent CURES report and consistent urine drug screen with opioid counseling. However, there was not an aberrant risk assessment in the medical record. Prior treatments included laminectomy 2-8-2012, acupuncture, epidural steroid injections, physical therapy and medication. Diagnostics included urine drug screen 8-14-2015 that was consistent. Utilization Review on 11-4-2015 determined non-certification for Norco 10-325 tab #120.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10-325 tab #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement, including ability to work. It does address the efficacy of concomitant medication therapy. Therefore, the record does support medical necessity of ongoing opioid therapy with Norco. Therefore the request is medically necessary.