

<b>Case Number:</b>	CM15-0044159		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	03/07/2002
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Arizona, 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 52 year old male who sustained an industrial injury on 03/03/2015. Diagnoses include intractable low back pain with history of degenerative disc disease, L4-5, bilateral lower extremity radiculopathy, primarily in the L4 distribution, left elbow pain, and failed spinal cord stimulator trial. Treatment to date has included medications, and epidural steroid injections. A physician progress note dated 02/04/2015 documents the injured worker has piercing, aching and throbbing pain in his arm and low back with weakness in the bilateral lower extremities. He fell recently when his leg gave out. His pain level is 8 out of 10 without his medications, and 5-6 out of 10 with his medications. Without his medications he is unable to tolerate grooming, showering, getting dressed, driving, preparing meals and household chores. Spinal range of motion is significantly limited secondary to pain. With the use of medications the injured worker's pain is decreased and function is improved. Treatment requested is for one (1) prescription of MS Contin CR 30mg #90, and one (1) prescription of Norco 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of MS Contin CR 30mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** The claimant had been on a combination of Fentanyl (Kadian) and Norco for over a year. The MS Contin was substituted on 2/4/15 without reason. No one opioid is superior to another. In addition, the combine's dose of MS Contin and Norco exceeded the 120 mg Morphine equivalent recommended by the guidelines. As a result, the request for continued use of MS Contin is not medically necessary.

**One (1) prescription of Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year in combination with prior Fentanyl and current MS Contin. There was no documentation of Tylenol failure for breakthrough pain or attempt at weaning. The continued use of Norco is not medically necessary.