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| <b>Case Number:</b>   | CM15-0050871 |                              |            |
| <b>Date Assigned:</b> | 03/24/2015   | <b>Date of Injury:</b>       | 11/15/2011 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 65 year old sustained an industrial injury male to the low back on 11/15/11. Previous treatment included lumbar fusion times two, physical therapy and medications. In a PR-2 dated 2/11/15, the injured worker complained of low back and right foot and ankle pain. Physical exam was remarkable for lumbar spine with tenderness to palpation over the lumbar spine musculature with decreased range of motion, positive bilateral straight leg raise test, Braggard's test and Kemp's test. Current diagnoses included failed back surgery syndrome, chronic pain syndrome, anxiety, depression, status post lumbar fusion at L4-5 and L5-S1 with excellent relief and lumbar fusion at L3-4 with residual severe low back pain, lumbar facet arthropathy, chronic low back pain and neuropathic pain in bilateral lower extremities. The treatment plan included refilling Norco, increasing Cymbalta, continuing Prilosec and a prescription for topical compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG QTY 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post anterior lumbar interbody fusion L4-L5 and L5-S1 with excellent relief of back and lower extremity pain; status post transforaminal lumbar interbody fusion L3-L4 on February 25, 2013 with residual severe low back pain; facet arthropathy L1-L2, L2- L3 and L3-L4; fusion at L3-L4, L4-L5 and L5-S1; failed back surgery syndrome; chronic low back pain; chronic pain syndrome; neuropathic pain bilateral lower extremities; anxiety and depression. The documentation of the medical record indicates Norco was prescribed as far back as September 19, 2014. Norco 10/325 mg was prescribed every 4 to 6 hours. The injured worker was continuing a home exercise program. On November 13, 2014, the progress note indicates the injured worker has continued pain with a VAS pain scale of 7/10. The injured worker is status post physical therapy and continues to use Norco 10/325 mg. A subsequent progress note dated January 15, 2015 shows the worker is still taking Norco and is still having 7-8/10 pain on the VAS pain scale. There is no documentation of objective functional improvement. The injured worker is under the care of a pain management specialist. Consequently, absent compelling clinical documentation with evidence of objective functional improvement and persistent subjective VAS pain scales of 7-8/10 despite the ongoing use of Norco 10/325 mg, Norco 10/325 mg # 120 is not medically necessary.