

<b>Case Number:</b>	CM15-0085731		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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, 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 is a 62 year old male with a November 12, 2009 date of injury. A progress note dated April 6, 2015 documents subjective complaints (ongoing lower back pain and numbness that radiates down the bilateral lower extremities; pain rated at a level of 7/10 with medications and 9/10 without medications), objective findings (significantly antalgic gait; utilizes a single point cane for ambulation; decreased sensation over the L4, L5, and S1 dermatome distribution bilaterally; decreased motor power of the bilateral lower extremities; positive straight leg raise bilaterally), and current diagnoses (bilateral lumbar radiculopathy; L4-5 disc degeneration; L4-S1 stenosis; possible pars fracture L5). Treatments to date have included medications, repair of a dura leak, multiple magnetic resonance imaging scans of the lumbar spine, electromyogram / nerve conduction velocity of the lower extremities, physical therapy, and epidural steroid injections. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #75:** Upheld

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

**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 10/325mg #75 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 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 bilateral lumbar radiculopathy; L4 - L5 disc degeneration; L4 - S1 stenosis; possible Pars fracture L5; and status post exploration of the wound and repair of dura leak. According to a QME dated May 31, 2012, the injured worker was taking Norco 10/325 mg at that time. According to a progress note dated April 6, 2015 (request for authorization same date), the injured worker had ongoing low back pain with pain and numbness radiating to the bilateral lower extremities. The pain score was 7/10. The injured worker was still taking Norco and Motrin. Objectively, there was no palpable tenderness over the paraspinal muscle groups lumbar region, no palpable tenderness over the SI joints and no palpable tenderness over the coccyx. There is no documentation demonstrating objective functional improvement. The injured worker's subjective complaints are out of proportion to the physical findings on examination. There are no risk assessments in the medical record. There were no detailed pain assessments in the medical record. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Norco 10/325 mg, subjective complaints out of proportion to objective clinical findings, risk assessments and detailed pain assessments, Norco 10/325mg #75 is not medically necessary.