MAXIMUS Federal Services

| Case Number: | CM15-0086451 | | |
|---|---|---|---|
| Date Assigned: | 05/08/2015 | Date of Injury: | 02/11/2007 |
| Decision Date: | 06/10/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

## 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: New Jersey
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 59 year old female, who sustained an industrial injury on 02/11/2007. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbago, lumbar radiculopathy and post laminectomy syndrome. Treatment to date has included oral pain medication, physical therapy, caudal epidural injection and spinal cord stimulator trial. In a progress note dated 04/01/2015, the injured worker complained of 4/10 right lower extremity pain. The injured worker was noted to have 90% improvement of pain with spinal cord stimulator trial and that while it was in she did not have pain. The injured worker stated that since the trial she has not needed pain medication but the physician noted that since the spinal cord stimulator was out, she would need pain medication. Objective findings were notable for tenderness to the lumbosacral region, limited range of motion in bilateral rotation, decreased sensation to light touch in the right L5-S1 and right L4-L5 distribution and positive straight leg raise in the right lower extremity. A request for authorization of Norco refill was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco had been used with some benefit, although recent treatment trial with a spinal cord stimulator successfully treated the pain as reported in the documentation, suggesting no need for further oral medications (at least at the current dose and frequencies provided) as soon as the more permanent surgical placement of the pump took place, which was not yet approved officially or scheduled according to the notes provided. The worker would therefore, still require pain medication until the procedure actually took place. However, to support the continual use of Norco, there was insufficiently detailed documentation in recent reports to show clear evidence of functional gains and pain level reduction with the ongoing use of Norco. Therefore, the request for Norco 10/325 mg #120 will be considered medically unnecessary.