

<b>Case Number:</b>	CM15-0087334		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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:

The injured worker is a 41-year-old male, who sustained an industrial injury to the low back on 01/31/2008. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, and lumbar surgeries (2009 & 2010). Currently, the injured worker complains of ongoing low back pain with improvement noted from acupuncture. The injured worker requested assistance with weaning off medications. The diagnoses include status post lumbar fusion, history of microdiscectomy, and chronic left lower extremity radiculopathy. The request for authorization included Norco 5/325 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 5/325mg # 60 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 multilevel lumbar fusion at L3-S1 June 7, 2010; history microdiscectomy L5-S1 May 27, 2009; and chronic left lower extremity radiculopathy. Subjectively, according to the most recent progress note dated March 24, 2015, the injured worker complained of ongoing low back pain. There are no VAS pain scores in the medical record. Objectively, there is tenderness to palpation over the bilateral paraspinal muscle. Range of motion is decreased in extension and lateral bending. The documentation states generally he is weak in the left lower extremity compared to the right; however, there is no quantification of the weakness. The documentation in the medical record shows the injured worker was taking Vicodin (hydrocodone) and Flexeril as far back as July 15, 2014. All subsequent progress notes indicate Norco 5/325mg was prescribed by the treating provider. There is no documentation evidencing objective functional improvement. There were no pain assessments in the medical record. There were no risk assessments in the medical record. There was no attempt at weaning Norco 5/325 mg in the medical record. There was no VAS pain scores in the most recent progress note dated March 24, 2015. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Norco 5/325 mg, risk assessments, detailed pain assessments, and attempt to wean ongoing Norco and VAS pain scores, Norco 5/325mg # 60 is not medically necessary.