

<b>Case Number:</b>	CM15-0088180		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/07/2002
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 was a 52 year old male, who sustained an industrial injury, March 7, 2002. The injured worker previously received the following treatments right elbow x-rays, lumbar spine MRI, and psychological services, Kadian ER, Norco and MS Contin CR. The injured worker was diagnosed with intractable low back pain, degenerative disc disease, bilateral lower extremity radiculopathy primarily in L4 distribution, disc desiccation L4-L5, right trochanteric bursitis, chip fracture right cubital tunnel, left elbow pain and fail spinal cord stimulator trial. According to progress note of March 4, 2015, the injured workers chief complaint was difficulty with pain in the bilateral shoulders, right upper extremity, and low back and bilateral lower extremities. The injured worker rated the pain at 8 out of 10 without medication and 6 out of 10 with pain medication. The physical exam noted limited range of motion of the lumbar spine secondary to pain, especially with extension and rotation. There was tenderness with palpation over the paraspinal muscles in the lumbar region bilaterally. The treatment plan included a prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325mg #120:** Upheld

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

**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, one prescription Norco 10/325mg # 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, injured worker's working diagnoses are intractable low back pain with history of degenerative disc disease; bilateral lower extremity radiculopathy; left elbow pain; and failed spinal cord stimulator trial. The documentation indicates the worker was taking Norco 10/325 mg with MS Contin, Xanax and Ambien as far back as 2006. The date of injury is March 7, 2002. The specific start date is not available in the medical records available for review. According to a progress note dated April 1, 2015 (request for authorization same date), the injured worker continues to use Norco 10/325 mg and MS Contin 30 mg. With medication, the VAS pain score is 5/10 and without medications 8-9/10. Subjectively, the injured worker has complaints of mid and low back pain, right upper extremity pain and right lower extremity pain. Objectively, the examination shows decreased range of motion with tenderness to help patient of the lumbar spine. The documentation does not contain risk assessments. There are no detailed pain assessments. There is no attempt to wean Norco or MS Contin documented in the medical record. There is no documentation evidencing objective functional improvement with a persistently elevated subjective VAS pain score. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Norco 10/325 mg, risk assessments, detailed pain assessments and an attempt to wean, one prescription Norco 10/325mg # 120 is not medically necessary.