

<b>Case Number:</b>	CM14-0185956		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	09/30/2002
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 (IW) is a 44-year-old man with a date of injury of September 30, 2002. The mechanism of injury was not documented in the medical record. Pursuant to the most recent office visit note dated October 22, 2014, the IW complains of increased pain rated 8/10 with medications, and 10/10 without medications. He complained of poor sleep quality, however, he reports that his medications worked well and increased his activity levels. The IW requested an epidural steroid injection (ESI). The IW presented in mild pain and remained standing due to pain. The IW had a right-sided foot antalgic gait and was assisted by a cane. Physical examination revealed loss of lumbar lordosis, and range of motion was measured at 15 degrees of flexion, and 5 degrees of extension both with pain. Palpation revealed lumbar paravertebral muscle spasm and tenderness bilaterally. Current medications included Lyrica 150mg, Colace 100mg, Senokot 187mg, MS Contin 60mg, Norco 10/325mg, Topamax 25mg, and Diovan 40mg. Documentation indicates that the IW has been taking Norco since at least August 29, 2012. The IW has been diagnosed with post lumbar laminectomy syndrome. Treatment plan includes: Request ESI, proceed with acupuncture, and continue with current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #68 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for 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#68 with one refill is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation in the medical record as to pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's increased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is being treated for chronic low back pain and bilateral lower extremity radiculopathy. The earliest documentation in the medical record is dated August 29, 2012 whereby the beneficiary was using Norco. A review of the medical record indicates there has been no significant evidence of decreased pain or improved functionality. Stated differently, there has been no objective functional improvement with the use of Norco since 2012. Additionally, the injured worker is taking MS Contin concurrently with Norco. The documentation does not explain why two opiates are being used simultaneously. The guidelines indicate opiates should be limited due to high risk of abuse and addiction and should only be used where there is evidence of improvement. Consequently, Norco 10/325#68 with one refill is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Norco 10/325#68 with one refill is not medically necessary.