

<b>Case Number:</b>	CM14-0199295		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	06/24/2002
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 45-year-old male who reported an injury on 06/24/2002. The mechanism of injury was the injured worker was spreading forklift blades. Prior treatments included an L4-S1 anterior posterior fusion. Prior therapies included 12 years of treatment with an anterior posterior lumbar fusion, physical therapy, chiropractic treatments, medications, and other modalities. Documentation of 10/03/2014 revealed the injured worker had developed progressive symptoms in the back with some pain in the right foot. The injured worker had associated numbness. Previously, it was noted the injured worker had been prescribed omeprazole, hydrocodone, Cymbalta, and Naprosyn. Neurologically, the injured worker indicated he was positive for numbness, weakness, and headaches with difficulty walking, and the injured worker was noted to be positive for depression. The physical examination revealed the injured worker ambulated with a cane. The injured worker had x-rays which revealed a solid fusion from L4-S1. The injured worker had mild narrowing of the disc space above L3-4. The injured worker was noted to have an MRI with slight disc degeneration at L3-4 with a mild to moderate stenosis. The injured worker had an instrumented fusion from L4-S1 with decompression. The diagnoses included disc degeneration above with mild stenosis and status post L4-S1 anterior posterior fusion. The treatment plan included there was no recommendation for further surgical intervention and the physician opined the injured worker needed chronic pain management, including medications, physical therapy, and possible injections. The physician indicated he was providing the injured worker with medications including Norco 10/325 mg 1

every 6 hours as needed for pain, quantity 90. There was no Request for Authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60; 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency. There was a lack of documentation indicating the duration of use. Given the above, the request for Norco 10/325mg #90 is not medically necessary.