

<b>Case Number:</b>	CM14-0213178		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: Ohio, North Carolina, Virginia  
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 53 year old female with a date of injury of 8-21-2001. The mechanism of injury was not given. The diagnoses are lumbar disc rupture with radiculopathy and post-laminectomy syndrome. She has been treated for chronic back pain with Norco 10/325 and gabapentin. She has had a laminectomy previously and has a spinal cord stimulator. Her pain level with medication was 6/10 with medication as of 11-20-2014. A wean of the Norco 10/325 mg was started on 10-23-2014 down to 3 a day. The reason for the wean was not stated. The physical exam has shown diminished lumbar range of motion with 2+ spasm. The injured worker was said not to be tolerating the Norco wean well and the allowable Norco quantity was increased from #90 in a month to #100 on 11-20-2014. At issue is a request for Norco 10/325 mg #100. This had been modified to a reduced quantity of #75 by utilization review on the basis that no functional improvement had been achieved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Based on the Guidelines patients prescribed opioids chronically should have ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there have been improvements in pain and functionality and/or the injured worker has returned to work. Traditional questions regarding the opioids include pain levels with and without medication, greatest pain level, least pain, and average pain, duration of analgesia from medication, and time to onset of analgesia with the opioids. In this case, there is limited documentation outlining the benefit of ongoing use of Norco. There are no statements regarding functional status as in her ability to perform activities of daily living. As the guideline requirements for chronic opioid therapy have not been satisfied, this request is not medically necessary.