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| <b>Case Number:</b>   | CM15-0016796 |                              |            |
| <b>Date Assigned:</b> | 02/05/2015   | <b>Date of Injury:</b>       | 08/16/2006 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/29/2015 |

### 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: Florida

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 30 year old male who sustained an industrial injury while working on a wet roof, slipped and fell on his back on August 16, 2006. The injured worker underwent a posterolateral fusion at L4-5 with interbody cage and foraminotomy on August 2, 2007. The injured worker was diagnosed with post laminectomy syndrome, failed back syndrome and degeneration of the lumbar/lumbosacral region. According to the primary treating physician's progress report on December 17, 2014, the injured worker continues to express persistent pain in the lower back radiating to the lower extremities bilaterally. The documentation noted a neuropsychological evaluation was complete in preparation for a trial spinal cord stimulator (SCS). The latest treatment modalities consists of lumbar epidural steroid infusion under fluoroscopy in January 2014 and current pain medications. The treating physician requested authorization for Norco 10/325mg #120. On January 27, 2015 the Utilization Review modified the certification for Norco 10/325mg #120 to Norco 10/325mg #90. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement with this chronic narcotic pain medication. The requested medication Norco is not considered medically necessary.