

<b>Case Number:</b>	CM15-0115026		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/02/1988
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 61 year old female, who sustained an industrial injury on 8/2/1988. She reported low back pain. The injured worker was diagnosed as having history of L5-S1 lumbar laminectomy with recent severe flare-up, rule out new onset of lumbar disc herniation above the level of surgery, and right lumbar radiculopathy. Treatment to date has included lumbar surgery (20 years prior), medications, and magnetic resonance imaging of the lumbar spine. The request is for Norco. On 12/8/2014, she complained of low back pain. She rated her pain 6-7/10. She is noted to be utilizing Norco and Gabapentin. The treatment plan included increasing her dose of Norco, and increasing the dose of Gabapentin. On 1/9/2015, she reported worsening low back pain with radiculopathy. She rated her pain 5-6/10 with medications. On 2/6/2015, her pain is rated 7-8/10 and she is continued on the same medications of Norco and Gabapentin. She is noted to have a positive straight leg raise test bilaterally. On 3/6/2015, she had continued low back pain, which she rated 7-8/10. She is maintained on her current medication regimen, and an authorization request is made for a lumbar epidural injection. On 4/24/2015, she had continued low back pain and complained of being unable to get out of bed and perform daily activities. She indicated medications give her 60-70% relief. The treatment plan included continuation of the same doses of Norco and Gabapentin. On May 22/2015, she is noted to have continued low back pain and radiculopathy. She is reported to have tenderness in the low back. She is continued on Norco and Gabapentin with no noted changes in her doses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43,74,76-78, 80, 86, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (web: updated 04/30/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 76-78, 80, 86, 88, 91.

**Decision rationale:** The MTUS Chronic Pain Treatment guidelines recommend that opioids should not be employed until the patient has failed a trial of non-opioid analgesics, baseline pain and functional assessments should be made. On-going management of opioids per the guidelines recommends review and documentation of pain relief, functional status, appropriate medication use, and side effects, pain assessment, response to treatment and any aberrant behaviors. Opioids for chronic back pain per the MTUS are recommended for short-term pain relief, and long-term efficacy is unclear (> 16 weeks). The MTUS dosing guidelines for opioids are recommended not to exceed 120 mg oral morphine equivalents per day. Long-term users of opioids per the MTUS should include reassessment documentation of changes in diagnosis, previous treatments trialed, pain assessment, and functional status compared to baseline, adverse effects, and aberrant behaviors. The records do not demonstrate failure of non-opioid analgesic medications, baseline pain and functional assessments. Documentation of on-going management of the injured worker's medication regimen with Norco has not been established. The provided medical records do not indicate a complete pain assessment, functional status, medication side effects, or response to the prescribed Norco. Therefore, the requested Norco 10/325 mg #60 is not medically necessary.