

<b>Case Number:</b>	CM15-0119805		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	03/04/1997
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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

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 70-year-old female, who sustained an industrial injury on 3/4/97. Initial diagnosis and symptoms experienced were not included in the documentation. Treatment to date has included medication, surgical interventions, TENS unit, home exercise program, x-ray and MRI. Currently, the injured worker complains of continued low back and neck pain, muscle spasms and soreness. She is also reporting bowel incontinence. The injured worker is currently diagnosed with decompression at L5-S1 lumbar/sacral surgery (times 3, failed back surgery syndrome) and anterior cervical discectomy and fusion. A note dated 12/10/14, noted tender paraspinal with mild spasms and guarding in the lumbar/sacral region of her back. There is also tenderness noted at the cervical paraspinal with guarding and decreased range of motion. A trial of a spinal cord stimulator was recommended; however, the injured worker has declined this option. The injured worker is using a cane to assist with her ambulation. A note dated 5/11/15 states she has a slow and guarded gait. The note also states there is guarding and tenderness in the neck and lower back and a decrease in the curvature of the spine. An MRI dated 5/29/15 reveals multilevel disc bulges. In a letter dated 12/16/14, the primary physician discusses the benefit the injured worker received with the use of a TENS unit. It states she experienced a decrease in pain, which allowed her to engage in activities of daily living. The medication, Norco 10/325 #60 q12h, is being requested to continue to assist with the injured workers continued reports of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 60, by mouth every 12 hrs: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking MS Contin for an extended period, without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg Qty 60, by mouth every 12 hrs is determined to not be medically necessary.