

<b>Case Number:</b>	CM15-0122364		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Physical Medicine & Rehabilitation

### 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 51 year-old female who sustained an industrial injury on 04/06/10. She reports bilateral shoulder and lower back pain after lifting. Initial diagnoses are not available. Treatments to date include radiographic imaging, EMG/NCV, epidural injections, back brace, lumbar spinal fusion, laminotomy, microdiscectomy, physical therapy, and pain medication management. Current diagnoses include recurrent disc herniation at L4-5, status post right L4-5 transforaminal lumbar interbody fusion 9/2014, L4-5 stenosis, right L5 radiculopathy, chronic intractable pain, L3-S1 disc degeneration, symptomatic hardware, and status post right L4-5 laminotomy and microdiscectomy 10/2012. In a progress note dated 06/05/15, the injured worker reports continued lower back pain which radiates into the right thigh, rated as a 6-7 out of a 10 point pain scale with medications. Physical examination is remarkable for tenderness to palpation of the lumbar spine paravertebral muscles bilaterally. She is slow to go from sitting to standing. Range of motion is within normal limits. Straight leg raise is negative in the bilateral lower extremities at 90 degrees. X-rays of the lumbar spine on 05/21/15 showed posterior pedicular and bony fusion at L4-5, interbody disc spacer noted; there is no acute lumbar spine pathology. Treatment recommendations include continued pain management, home exercise, and Norco 10/325 #150. She is under temporary total disability. Date of Utilization Review: 06/17/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #150 is not medically necessary and appropriate.