

<b>Case Number:</b>	CM15-0046659		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 48 year old female who sustained an industrial injury on 06/23/2010. Diagnoses include left L5 radiculopathy, L5-S1 spondylolisthesis, L5-S1 lateral recess stenosis, right cervical radiculopathy, C5-C5 herniation a stenosis, left foot drop, status-post L5-S1 transforaminal lumbar interbody fusion on 11/10/2011, status-post left L5 foraminotomy and L4-5 laminotomy on 09/02/2012, and bilateral plantar fasciitis. Treatment to date has included medications, and spinal cord stimulator, and pain management. A physician progress note dated 02/09/2015 documents the injured worker has pain in the low back radiating into the left buttock with pain and numbness radiating down the left posterior thigh to the calf. She rates her pain as a 4-5 on the Visual Analog Scale with medications, and a 6-10 on Visual Analog Scale without medications. She has pain in her neck with numbness radiating down the bilateral arms, as well as associated headaches. Her pain in rated 6-7 with medications and without medications her pain is a 10 out of 10. She also has pain in her feet rated 10 out of 10 on the visual analog Scale. Recommendations include continue with spinal cord stimulator, medications, authorization for a psychiatric evaluation, exercise education, and random urine drug screening. Treatment requested is for Norco 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." While the treating physician does document a reduction in pain to 6-7/10 after taking Norco, the treating physician does not fully document the least reported pain over the period since last assessment, length of pain relief, increased level of function, or improved quality of life. The treating physician does not state how long the patient has been taking Norco or what functional improvements have been achieved. A prior reviewer recommended weaning from the medication. As such, the request for Norco 10/325mg is not medically necessary.