

<b>Case Number:</b>	CM15-0063634		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	02/13/1987
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 62 year old male, who sustained an industrial injury on February 13, 1987. The injured worker was diagnosed as having post laminectomy syndrome of the lumbar region, sciatica, and pain in the limb. Treatment to date has included medications. Currently, the injured worker complains of pain in the low back extending into both legs. The Primary Treating Physician's report dated March 10, 2015, noted the injured worker reporting he was not doing well, with pain at high level 9-10/10, reduced to a 3-4/10 with medications, stating that without medication he was not able to do anything. Physical examination was noted to show the injured worker unable to hyper-extend his back due to pain, with tenderness at L5-S1 on the right. The treatment plan was noted to include continued conservative treatment for the injured worker's symptoms, prescribed Norco, increased to #180 for a 30 day supply with two additional prescriptions for a total of a 90 day supply. The IW attends clinic at 3-6 monthly intervals. The medication listed is only 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 #180 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records did not show that the patient failed treatment with NSAIDs or non opioid co-analgesics such as anticonvulsants. There is no documentation of guidelines required compliance monitoring data such as serial UDS, absence of aberrant behaviors, CURES reports checks and functional restoration. The guidelines requires re-evaluations for continual indications for opioids utilization but the records indicate that the patient is being evaluated at 3-6 monthly intervals and prescribed medications refills despite opioid dose escalations. The criteria for the use of Norco 10/325mg #180 with 2 refills was not met.