MAXIMUS Federal Services

| Case Number: | CM15-0070838 | | |
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| Date Assigned: | 04/20/2015 | Date of Injury: | 03/15/2011 |
| Decision Date: | 05/21/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 04/14/2015 |

## 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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

## 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 46 year old male, who sustained an industrial injury on 3/15/11. The injured worker was diagnosed as having lumbar radiculitis and failed back surgery syndrome. Treatment to date has included oral medications including opioids, lumbar surgery, TENS unit, topical creams, physical therapy and home exercise program. Currently, the injured worker complains of increased intensity of pain rated 4-5/10 on with medications and 8-9/10 without medications. Physical exam noted decreased range of motion with positive paravertebral tenderness of lumbar spine, gait is antalgic with crutches. The treatment plan consisted of continuing medications including Gabapentin, Norco and Elavil, continuing psych treatment and follow up appointment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG Take 1 4 Times A Day #120:** Upheld

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

**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) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for low back 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. The treating physician does not fully document pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. The most recent UDSS was inconsistent and + for THC. As such, the request for Norco 10/325mg Take 1 4 times a day #120 is not medically necessary.