

<b>Case Number:</b>	CM15-0073327		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/23/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old female, who sustained an industrial/work injury on 3/23/08. She reported initial complaints of back pain and bilateral foot pain. The injured worker was diagnosed as having post laminectomy syndrome, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, and arthropathy of lumbar facet joint. Treatment to date has included medication, diagnostics, and surgery (anterior lumbar interbody fusion on 2/2009). MRI results were reported on 1/24/13. Currently, the injured worker complains of low back, right hip, right leg, and bilateral foot pain rated 5-10/10. Per the pain management physician's progress report on 3/18/15, it was noted of the injured worker having neuropathic pain in her legs extending from the feet all the way to her knees, bilaterally. Examination reported tenderness over the low back, right hip, and anterior right thigh, restricted lumbar range of motion, dysesthesia and hyperesthesia over both feet, stabbing and aching over the top, with numbness and tingling in the bottom of both feet. Current plan of care included use of conservative measures, gentle stretching and exercise, and mediation. The requested treatments include Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty: 240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg Qty: 240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no updated signed opiate contract or updated urine drug screen for review. The documentation reveals that the patient has been on Norco without significant functional improvement therefore the request for continued Norco is not medically necessary.