

<b>Case Number:</b>	CM15-0073558		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	01/26/1998
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/02/2015
<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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 57 year old female, who sustained an industrial injury on 1/26/1998. The mechanism of injury is unknown. The injured worker was diagnosed as having failed lumbar syndrome, spondylolisthesis and lumbar disc disorder with myelopathy. There is no record of a recent diagnostic study. Treatment to date has included lumbar laminectomy, lumbar fusion and medication management. In a progress note dated 3/13/2015, the injured worker complains of chronic low back pain with radiation into buttocks and left leg. The treating physician is requesting Norco and Butrans patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #35:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, diversion, or abuse documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case indicates a positive drug screen for metamphetamines, which violated the terms of her narcotic agreement. Ongoing treatment with Norco is not medically necessary.

**Butrans 5mcg patch #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Butrans, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case indicates a recent positive drug screen for metamphetamines, which violates the terms of her narcotic agreement. Treatment with Butrans is not medically necessary.