

<b>Case Number:</b>	CM15-0075628		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	06/11/2001
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 female, who sustained an industrial injury on 6/11/2001. She reported low back pain after a slip and fall. The injured worker was diagnosed as having lumbago, low back pain, spinal stenosis, lumbar spine syndrome, and sciatica. Treatment to date has included medications, home health, lumbar surgery and epidural steroid injections. The last epidural injection resulted in an 80% reduction in the back pain. The request is for Norco. The records indicate she has been utilizing Norco since at least April 2010. The records indicate she reported good pain control with the use of Norco and MS Contin. On 3/11/2015, she complained of low back pain with radiation into the lower extremities. She indicates her pain medications to reduce her pain by 50%. The records indicate she did benefit from lumbar epidural steroid injection. The treatment plan included: Norco, Flector patch, MSER, urine drug testing and follow up Clinic evaluations. It was noted that the IW has a history possible addiction behavior. The 11/26/2014 UDS report was inconsistent with the presence of THC- marijuana metabolite and the absence of prescribed Norco metabolite

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 10/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 severe pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient had been on chronic opioid medications for many years. There is indication of non-compliance as shown by the inconsistent UDS report. There is documentation of possible addiction history, aberrant behavior and positive non-prescribed THC-marijuana report. There is a high risk of drug interaction with the concurrent utilization of sedative products including marijuana. The criteria for the use of Norco 10/325mg was not medically necessary.