

<b>Case Number:</b>	CM14-0143738		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant has a history of a work injury with date of injury of 02/15/08 when she developed low back and right buttock pain while driving a van and lifting. She was seen by the requesting provider on 06/03/14. She was having bilateral low back and buttock pain and had a history of back pain radiating into the left lower extremity. Pain was rated at 7/10. Treatments had included physical therapy, acupuncture, medications, and injections. She was having difficulty sleeping. Medications were Norco, Restoril, and Topamax 50 mg two times per day, Lansoprazole, Relafen, Abilify, thyroid replacement, and Wellbutrin. The assessment references having discontinued Topamax due to side effects of cognitive impairment and changes in mood and behavior. She wanted to begin taking a muscle relaxant. Physical examination findings included a mildly antalgic gait and cervical, lumbar, and gluteal tenderness and spasms with taut muscle bands. There was positive straight leg raising. There was pain with spinal range of motion and with compression of the pelvis. There were lower extremity dysesthesias. Authorization for a sacroiliac joint injection was requested. Topamax was discontinued. On 08/01/14, she had ongoing symptoms. She was having ongoing difficulty sleeping. The claimant indicated that she wanted to restart taking Topamax as it had worked better. Topamax 50 mg #60, Norco 10/325 mg #90, Lansoprazole 30 mg #30, and Relafen 500 mg #60 were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco Tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for Use, Opioids Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic back and buttock pain including pain radiating into the left lower extremity. She has not returned to work. She reports ongoing moderate to severe pain. In this case, there is no evidence of progress towards a decreased reliance on medical care or return to work plan with poor pain control, and the claimant appears to be becoming more dependent in terms of medical care usage. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.