

<b>Case Number:</b>	CM13-0029475		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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 underlying date of injury in this case is 04/05/2013. The treating diagnosis is disc herniation at L2-3 and L5-S1. An initial physician review notes that this patient is a 26-year-old man with the diagnosis of large disc extrusion centrally to the left at L2-L3 with a myelopathy and also discopathy at L4-5 and L5-S1 with broad-based disc protrusions. That review notes that as of 08/30/2013, the patient reported subjective complaints of back pain below the level of the surgical incision, laminectomy and foraminotomy and discectomy at L2-3 and L3-4. The patient had radiating symptoms to his thigh and groin and a sensation of urinary hesitancy as well as retention, and he felt weak in the left leg without substantial improvement. The prior reviewer noted the patient had been suffering from chronic pain, and the medical records did not document significant or quantifiable subjective and functional improvement. That prior reviewer notes as well that the patient did not return to full duty at work. Therefore, overall the prior reviewer recommended tapering and discontinuing opioid treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 1 prescription for Norco 10/325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records at this time do not contain significant detail regarding these 4 domains of opioid management. Overall, the medical records and guidelines do not support the request for continued use of the Norco. This request is not medically necessary.