

<b>Case Number:</b>	CM13-0029917		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/11/2008
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Illinois. 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 patient is a 57-year-old male who reported an injury on 09/11/2008. The mechanism of injury was not provided for review. The patient developed chronic low back pain radiating into the lower extremities. The patient underwent an MRI that revealed moderate foraminal narrowing bilaterally at the L5-S1 with minimal abutment to the exiting nerve roots. The patient's treatment history included medications, physical therapy, a home exercise program, acupuncture, cognitive behavioral therapy, and an epidural steroid injection. The patient's most recent clinical evaluation determined that the patient had low back pain rated at a 7/10 with associated numbness and tingling of the left leg. The patient's diagnoses included neuralgia and thoracic or lumbosacral neuritis or radiculitis. The patient's treatment plan included continued participation in an independent exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325 #84 between 09/03/2013 and 11/09/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

**Decision rationale:** The request for 1 Prescription of Norco 10/325 #84 between 09/03/2013 and 11/09/2013 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends the ongoing use of opioids in the management of a patient's chronic pain be supported by documentation of functional benefit, managed side effects, a quantitative assessment of pain relief, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. However, there was no documentation to support the patient is monitored for aberrant behavior as the result of opioid medication usage. Additionally, there is not a quantitative assessment of pain relief related to medication usage. Although the clinical documentation submitted for review does provide evidence that the patient has increased functional benefit related to medication usage, there is no indication that the patient is being monitored for aberrant behavior or that the patient has significant pain relief related to the medication. As such, the request for 1 Prescription of Norco 10/325 #84 between 09/03/2013 and 11/09/2013 is not medically necessary or appropriate.