

<b>Case Number:</b>	CM13-0029984		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/16/2013
<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 Anesthesiology, and is licensed to practice in Florida. 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 61 year-old female who reported an injury on 04/09/2009, resulting in chronic low back pain and left knee pain. The patient was treated conservatively with physical therapy, medications and psychiatric support. The patient was consistently monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation reported that the patient had continued low back and lower extremity pain. Physical findings included a positive straight leg raise test and tenderness to the paraspinal musculature. There was also documentation of decreased sensation to light touch in the L4-5 and L5-S1 dermatomes. The patient's diagnoses included lumbago and lumbar radiculopathy. The patient's treatment plan included acupuncture and chiropractic care and the continuation of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/25mg, QTY: 45:** Upheld

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

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

**Decision rationale:** The purchase of Norco 10/325 mg (Quantity: 45.00) for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has significant pain complaints of the low back, radiating into the bilateral lower extremities. The California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of the patient's chronic pain, to include documentation of symptom relief, documentation of increased functional benefit, management of side effects and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient began taking Norco in 08/2013. The patient's pain was rated at an 8/10 and was described as constant. There was no documentation to support the effectiveness of this medication or that the patient had been monitored for aberrant behavior since the patient's medication was changed. As there was no documentation of increased functional benefit or symptom relief or monitoring for aberrant behavior, the continued use of this medication would not be supported by guideline recommendations. As such, the requested Norco 10/325 mg (Quantity: 45.00) for the lumbar spine is not medically necessary or appropriate.