

<b>Case Number:</b>	CM13-0034996		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/19/2004
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Internal Medicine and Pulmonary Diseases 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 patient is a 53 year old male who reported an injury on 08/19/2004. The mechanism of injury was caused by loading a heavy sign into the back of a truck when his co-worker let go before he was ready and he was jerked forward hurting his back. The patient was diagnosed with lumbar discogenic disease with radiculitis, chronic low back pain and intractable pain. The clinical document dated 08/22/2013 stated the patient complained of pain to the low back at 8/10. The patient reported he had been having right shoulder pain for two months. The physical examination revealed lumbar spine spasms, painful range of motion as well as limited range of motion. The patient had a positive Lasegue bilaterally, positive straight leg raise on the right, motor weakness at quadriceps bilaterally at 4/5. The patient also had decreased sensation at L4 and L5-S1 and pain bilaterally as L4 and L5-S1. The patient was treated with three trigger point injections to bilateral mid lumbar paraspinal musculature with 2 cc Marcaine and 1 cc Celestone. The treatment plan was home exercise, TENS and Oxycodone 30mg two tabs twice a day, Norco one tab four times a day, Relpax 40mg one tab at onset of headache, Soma 350mg one tab four times a day and Valium 10mg one tab three times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco one tab four times day #120:** Upheld

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

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

**Decision rationale:** CA MTUS guidelines recommend continued opioid use with ongoing review and documentation of pain relief, improved functional status, appropriate medication use, and side effects. The clinical document dated 08/22/2013 stated the patient complained of pain to the low back at 8/10 and pain to the right shoulder. The clinical documentation submitted for review does not indicate a decrease in the patient's pain level or improvement in function as the guidelines recommend. Also, there is no documentation indicating any possible side effects the patient may have experienced. Given the lack of documentation to meet the guidelines criteria for continued opioid use, the request is non-certified.