

<b>Case Number:</b>	CM13-0039945		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/08/2007
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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, has a subspecialty in Pulmonary Disease, 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 38-year-old male who reported an injury on 08/08/2007. The patient reportedly injured his lower back while carrying plywood. The patient is currently diagnosed with lumbar disc disease, postlaminectomy syndrome, and lumbar radiculitis. The patient was seen by [REDACTED] on 11/22/2013. The patient reported sharp, stabbing low back pain with radiation to the right lower extremity. Physical examination revealed diminished lumbar range of motion, tenderness to palpation, 5/5 motor strength in bilateral lower extremities, diminished deep tendon reflexes in bilateral ankles, and decreased sensation in the L5-S1 dermatome. Treatment recommendations included continuation of current medications, including Norco, Gabapentin, Prilosec, and Anaprox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg every 6 hours as needed for pain, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The employee has continuously utilized this medication. Despite ongoing use, the employee continues to report sharp, stabbing lower back pain with radiation to the right lower extremity. There is no change in the employee's physical examination that would indicate functional improvement. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.