

<b>Case Number:</b>	CM13-0052051		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	09/24/2004
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 expert 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 49 year old male with a work injury dated 9/24/04. His diagnoses include left lumbar radiculopathy with spontaneous aggravation requiring emergency room visit on 10/15/10. MRI of 10/15/10 showing minimal disc extrusion at L4 -5 with spinal canal stenosis to 7 mm and moderate bilateral neural foraminal stenosis. 2. Gastrointestinal upset due to use of pain medication. There is a 4/1/14 primary treating physician office note that states that he has a history of lumbar spine pain that he relates off medication currently is 4/10. He relates that he takes no more than two Norco per day but about 50% of the time one tablet is very good for him. He does take his anti-inflammatories. He is no longer taking Ketoprofen. He is on Naproxen. He does take Prilosec as Naproxen causes increased discomfort because of dyspepsia. The document states that due to pain, the patient has difficulty sleeping, standing, walking and sitting. He also has difficulty lifting, pushing, pulling and getting dressed. He does relate that the anti-inflammatory and the pain medicine help improve his day significantly. On physical exam the inspection of the lumbar spine shows slight loss of lordosis. There is slight to moderate paralumbar muscle spasm, greater on the right than the left. The straight leg raise is positive to the left at 70 in sitting position, producing left posterolateral buttock, and posterolateral thigh and leg pain. The right side is positive at 80 producing buttock and posterolateral thigh pain. Lasegue's Test is negative bilaterally. The patient's sensation to light touch is altered over the top of the left foot. Sensation is otherwise normal. His gait is slightly antalgic and he used a walking cane. There is a request for physical therapy for the lumbar spine. Norco 7.5/325 mg one tablet t.i.d. prn for pain, #90. This does help his pain remain at 4/10; otherwise, it would be 8-9/10. There is no aberrant behavior and the patient's medication lasts as prescribed. There are functional gains as he can continue his activities of daily living. There is a request for Naproxen,

Omeprazole, and Promolaxin for constipation. The patient is to have continued use of a wheeled walker as needed and continue home exercise program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NORCO 7.5/325 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco) and Opioids, Criteria For Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

**Decision rationale:** Norco 7.5mg/325mg #90 is not medically necessary per the California MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has taken Norco 7.5/325mg #90 since at least 2011 without significant functional improvement as defined by the California MTUS. The Chronic Pain Treatment Guidelines state that opioids should be discontinued when there is no overall improvement in function and to continue opioids if the patient has returned to work and has improved functioning and pain. The request for Norco 7.5/325mg #90 is not medically necessary.