

<b>Case Number:</b>	CM13-0052495		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/04/2005
<b>Decision Date:</b>	06/11/2014	<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 Internal Medicine, has a subspecialty in Rheumatology 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 56-year-old female with date of injury of 8/4/2005. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic neck and low back pain since the date of injury. She has been treated with physical therapy, electrical stimulation and medications. There are no radiographic data included for review. The objective findings include: 1. cervical spine: positive trigger points, tenderness to palpation of the paraspinous cervical musculature, decreased range of motion of the paraspinous cervical musculature; and 2. lumbar spine: positive straight leg raise test bilaterally, tender lumbar spine paraspinous musculature, decreased range of motion. The diagnoses include: lumbar spondylosis, and lumbar radiculopathy. The treatment plan and request: Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #300:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, Page(s): 76-85, 88-89..

**Decision rationale:** The Chronic Pain Guidelines recommend prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and documentation of failure of prior non-opioid therapy. The treating physician reports does not adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids. On the basis of this lack of documentation and failure to adherence to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.