

<b>Case Number:</b>	CM13-0057854		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/21/2003
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 54-year-old male who reported an injury on 07/21/2003. The mechanism of injury was not provided for review. The patient ultimately developed chronic low back pain that was managed with medications. The patient's most recent medication schedule included Norco 10/325 mg and Soma 350 mg. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had persistent low back pain radiating into the lower extremities described as increasing that interfered with the patient's ability to participate in activities of daily living and working. The clinical documentation noted that the patient had not previously been authorized for medication usage and had been paying out of pocket for medications. The patient's most recent clinical examination findings included a positive straight leg raising test bilaterally, tenderness to palpation along the paraspinal musculature of the lumbar spine, restricted range of motion secondary to pain, and decreased sensation to light touch along the lumbar spine. The patient's diagnoses included a lumbosacral sprain/strain syndrome, lumbar facet joint arthropathy, lumbar radiculopathy, and insomnia. The patient's treatment plan included continuation of medications and an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Norco 10/325 mg #180 with six (6) refills: Upheld**

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

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

**Decision rationale:** The requested prescription of Norco 10/325 mg #180 with 6 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the continued use of opioid medications be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does support that the patient is monitored for aberrant behavior. However, the clinical documentation does not provide any evidence of functional benefit or a quantitative assessment of pain relief to support the efficacy of this medication. Additionally, it is noted that the patient continues to take the medication although they are not authorized to do so and has had increasing pain and limited function. Therefore, continuation of this medication is not supported. As such, the requested 1 prescription of Norco 10/325 mg #180 with 6 refills is not medically necessary or appropriate.