

<b>Case Number:</b>	CM13-0058292		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/09/2007
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/18/2013
<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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 47-year-old male who reported an injury on 04/09/2007. The mechanism of injury was not provided for review. The patient developed chronic low back pain. The patient's treatment history included multiple medications, a home exercise program, physical therapy, and multiple types of injection therapy. The patient's current treatment medication schedule included ibuprofen 800 mg, Norco 10/325 mg, Prilosec 20 mg, and Topamax 100 mg. The patient's most recent clinical findings included restricted lumbar range of motion secondary to pain, with decreased motor strength of the right lower extremity rated at a 3/5, with a positive pelvic thrust, positive Gaenslen's maneuver, positive Patrick's test, and tenderness to palpation over the L4-5, L5-S1 facet capsules. The patient's diagnoses included chronic discogenic and facet mediated spinal pain. The patient's treatment plan included referral to a spinal surgeon, continuation of a home exercise program and medication usage, and repeat sacroiliac joint injections. It was noted that the patient was monitored for aberrant behavior with urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior. However, there is no documentation of a quantitative assessment to support pain relief from medication usage. Additionally, there is no documentation of significant functional benefit to support continued use. As such the requested 10/325 mg of Norco #120 is not medically necessary or appropriate.