MAXIMUS Federal Services

| Case Number: | CM13-0062305 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 09/29/2011 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 11/25/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

## 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, and is licensed to practice in District of Columbia and Virginia. 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:

This is a 43 year old man who had sustained an injury on Sept 29 2011 when a trailer gate fell on him. He then suffered from back pain and lower extremity symptoms. The patient then had an MRI of the lumbar spine on Dec 2011 which showed L5-S1 grade 1 anterolisthesis with congenital pars defect, central stenosis and right foraminal stenosis with possible right L5 involvement. In Aug 15 2012, the treatment plan included work restrictions, medications, and formal physical therapy. Patient had epidural spinal injection. The patient had follow up in Sept 6 2012 with orthopedics and was noted to have a minor improvement. Patient had another epidural spinal injection. [redacted] saw patient on Jan 3 2013 and noted ongoing back pain for which he prescribed: Ultram 50mg and Naprosyn 500mg. Following this, he had an MRI of the lumbar spine on Feb 28 2013 which showed L3-4 diffuse disc protrusion effacing the thecal sac, L4-5 disc profusion, L5-S1 disc extrusion. [redacted] performed an epidural injection but the patient had ongoing pain with left leg extension and weakness of left great toe extension. [redacted] noted in Aug 23 2013, that the patient had ongoing pain issues and was on these medications: Norco, Tramadol, Naproxen. The patient underwent a lumbar discectomy on Sept 17 2013 and was then prescribed Norco 10mg, Flector patch 1.3%, and Naprosyn 500mg.In Dec 4 2013, [redacted] was noted to have treated the patient with an exercise rehabilitation program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29,51,74-75,83,91.

**Decision rationale:** This patient had ongoing pain in his back following an injury that required surgery and multiple steroid injections. He was prescribed a few medications, which included Norco. Norco contains hydrocodone and acetaminophen. Hydrocodone, being an opiate, has habit-forming properties and the duration of therapy should be outlined, as well as the response to therapy. From the clinical documentation provided, none of this information can be found. Therefore, this is not medically indicated.