

<b>Case Number:</b>	CM13-0070828		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Pain Medicine and is licensed to practice in California. 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:

This is a 38 year old female who has reported low back pain after an injury on 7/6/12. She has been diagnosed with low back pain, spondylosis, and mental illness (anxiety or depression). The lumbar MRI showed non-specific degenerative changes. Treatment has included physical therapy, chiropractic, and multiple medications. Per the periodic primary treating physician reports during early 2013, there was ongoing low back pain, dispensing of ibuprofen and Ultracet, and modified work status. There was no evidence of any specific benefit from medications, and no evidence of functional benefit. On 9/25/13 the new primary treating physician noted ongoing low back pain, fibromyalgia, and stress and anxiety. The treatment plan included anxiolytic and steroid injections. On 11/26/13 the primary treating physician noted ongoing back pain with radiation to the extremities, the low back was tender, and work status was off work until further notice. The treatment plan included Kenalog injection, Savella samples, Alprazolam, and Norco. The diagnosis was "low back pain". The chiropractic reports are also present during 2013. These reports reflect ongoing low back pain and treatment with passive modalities. Work status is "off work". On 12/9/13, Utilization Review determined the medical necessity for Alprazolam and Norco, no specified quantities requested. The Utilization Review physician documented a conversation with the primary treating physician in which Alprazolam was given for depression reported by the injured worker, and that Alprazolam was used since at least 9/25/13. Alprazolam was not medically necessary due to lack of indications for depression. Norco was reportedly for fibromyalgia, and was modified for #60 while Savella was started.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Criteria for the Use of Opioid Medications Page(s): 76-96. Decision based on Non-MTUS Citation Other Guidelines Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005, Chapter 12: Minor and Short Acting Opioids, pages 106 - 112.

**Decision rationale:** Per Treatment Guidelines, the criteria for the use of opioid medications requires documentation such indication, pain levels, goals of treatment, and any red flags concerning for misuse. The patient's medical records were illegible and provided no documentation required as listed in the criteria. Based on the lack of criteria, the request is not medically necessary.