

<b>Case Number:</b>	CM14-0006375		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 65-year-old male who reported an injury on 05/03/2010. The worker was injured while driving a bus when he hit a pot hole. The clinical note dated 12/12/2013 presented the injured worker with neck pain radiating from the neck down to the bilateral arms, and back pain radiating from the low back down the left leg. The injured worker's physical exam revealed range of motion values of 25 degrees of flexion, 10 degrees of extension, 20 degrees of right lateral bending, 30 degrees of left lateral bending, 40 degrees of left lateral rotation; 35 degrees of right lateral rotation. There was tenderness and spasm noted over the paravertebral muscles; a positive Spurling's; and a positive Tinel's sign. The injured worker's diagnoses were cervical radiculopathy, lumbar radiculopathy, low back pain, cervical pain, carpal tunnel syndrome, and ulnar neuropathy. The provider recommended Norco 10/325 mg with a quantity of 60. The Request for Authorization form was not included in the documents for review.

### 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 Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Norco 10/325 mg with a quantity of 60 is non-certified. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic pain low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior, and side effects. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.