

<b>Case Number:</b>	CM14-0100922		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Pain Management 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:

The injured worker is a 35 year-old male who suffered work-related injuries on June 20, 2009 and on June 3, 2013. It was indicated that on June 20, 2009 he was responding to an alarm call and when going over a wall he stumbled on some rocks and lost his balance which made him twist his low back and left knee. On June 3, 2013 while apprehending a suspect, the suspect lost his balance and began to fall and while he managed to catch the suspect from falling, he noted a sudden worsening of his low back residuals. He was diagnosed with (a) lumbar spine musculoligamentous sprain and strain and left sacroiliac joint sprain and strain with left lower extremity radiculitis and MRI scan dated July 18, 2013 revealed 9 millimeter left-sided disc herniation resulting in minimal to mild central canal stenosis and moderate to severe left lateral stenosis and (b) left knee contusion and sprain. In a recent progress report dated May 7, 2014 he complained of low back pain and occasional numbness to the left lower extremity. The pain was rated to be at 8 out of 10 on the pain scale. It was also indicated that he underwent a left L5-S1 and S1 transforaminal epidural injection on April 18, 2014 in which he got 70% better but only in his left leg. He reported that his numbness and tingling sensation got away but his low back pain was only 10 to 20% better. On examination, it was noted that he ambulated with an antalgic gait to the left and heel-toe walk was exacerbated to the left. Examination of the lumbar spine revealed diffused tenderness over the lumbar paravertebral musculature and moderate facet tenderness. Range of motion of the lumbar spine was limited in all planes. Supine straight leg raise test was positive on the left at 50 degrees and seated straight leg raise test was positive at 60 degrees. Sensation was decreased along the left L5-S1 dermatome. Muscle strength at the left L5 myotomes was at 4/5. Authorization for second left L5-S1 and S1 transforaminal epidural injection was requested. This is a review for Norco 7.5 milligrams #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5 mg. # 60:** 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 Opioids Page(s): 78-80.

**Decision rationale:** Evidence-based guidelines indicate that opioids are medications which are generally recommended to be used in the short-term. However, if this is to be used in the long-term, evidence-based guidelines state that the injured worker should meet the indications of the criteria in order to allow ongoing or continued usage of opioids in the long term. Guidelines indicate that the prescription should be provided only by a single treating physician, the lowest possible dosage should be provided, documentation of analgesia, duration, decrease in pain levels, increase in functional improvements, documentation of drug misuse or abuse, usage of urine drug screening test, and if the injured worker has returned to work. In this case, this medication has been modified with prior utilization review to allow opportunity for submission of medication compliance guidelines, including documentation of current urine drug test, risk assessment profile, attempt at weaning and tapering, an updated pain contract between provider and claimant and ongoing efficacy. Although it is noted that the injured worker is getting his opioid prescription from his treating physician, the dosage provided is not the lowest possible dose. Furthermore, based on the provided records, there is no significant change with the pain level that the injured worker reported nor there is documentation of a significant functional improvement and there is no indication that he was able to return to work. In addition, it is noted that he had underwent urine drug screening in 2014 with this treating physician however results was negative for anything even for hydrocodone which may mean non-compliance with the pharmacologic regimen. Also, this medication is indicated to address pain secondary to any breakthrough or flare-up pain however there is no documentation of such event. Due to failure to satisfy the criteria provided by evidence-based guidelines no documentation of any extenuating circumstance or flare-up, Norco 7.5 milligrams, #60 is not medically necessary.