

<b>Case Number:</b>	CM14-0102771		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 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 45-year-old male who reported an injury on 06/04/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of low back pain, right lumbar radiculopathy, bilateral carpal tunnel syndrome, bilateral ulnar neuropathy, chronic pain syndrome, numbness, lumbar disc pain, and lumbar degenerative disc disease. Past medical treatment consisted of massage therapy, physical therapy, and medication therapy. Medications included fentanyl, Norco, and Soma. A urinalysis submitted on 07/18/2014 showed that the injured worker was consistent with his prescription medication. On 08/25/2014, the injured worker complained of low back pain. It was noted in the physical examination that the injured worker had a pain rate of 5/10 to 6/10 with medication and 10/10 without. The examination of the lumbar spine revealed that there was sensation slightly diminished at the L4-5 dermatome, mainly distal upper leg aspect. There was no clonus or increased tone. Deep tendon reflexes were 2 for the right patella and 2+ for the left patella. Babinski's sign was negative. Patrick and Gaenslen's signs were positive on the right. The sciatic notches were painful to palpation bilaterally. The sacroiliac joints were tender to palpation bilaterally. The range of motion revealed flexion as fingertips to mid-thigh with pain; extension was 10 degrees with pain; lateral flexion was fingertips to mid-thigh; and rotation was 50 degrees with pain. The straight leg raising was negative bilaterally. The treatment plan was for the injured worker to continue the use of medications. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG # 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75, Ongoing Management, Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There should also be an assessment including what pain levels were before, during, and after medication administration. The submitted documentation lacked any indication that the medication was helping with any functional deficits the injured worker might have had. Additionally, the efficacy of the medication was not submitted for review. A drug urinalysis was submitted on 07/18/2014 showing that the injured worker was in compliance with his medications. However, there was no assessment showing what pain levels were before, during, and after the injured worker took the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Norco 10/325 mg is not medically necessary.