

<b>Case Number:</b>	CM14-0107231		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 and Rehabilitation, and is licensed to practice in Texas. 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 43 year old female who was injured on 02/07/13, while helping a resident who fell, and she assisted by grabbing the resident's pants. While doing so, she felt a sharp popping in her lower back with intense pain, which has persisted. Current diagnosis include lumbosacral strain with right greater than left lumbar radiculopathy; thoracic strain; cervical strain; cervicogenic headache; and chronic pain syndrome with significant secondary depression. X-ray of the lumbar spine dated 09/20/13 reported loss of lumbar lordosis. Magnetic resonance image of the lumbar spine dated 09/20/13 revealed broad based diffused bulge with central disc protrusion noted at L4-5 with mild lateral recess narrowing noted; at L5-S1 mild to moderate disc bulge with paracentral protrusion noted with lateral recess narrowing on the right. X-ray of the cervical spine dated 11/25/13 revealed mild to moderate degenerative change with disc space narrowing and spondylosis. Magnetic resonance arthrogram of the right hip dated 12/20/13 revealed thickening and irregularity of the posterior labrum compatible with degeneration and fraying; and mild to moderate tendinopathy of the distal iliopsoas tendon. Clinical note dated 06/17/14 indicated the injured worker has been significantly depressed and nervous since her last visit and was tearful and sad throughout the interview. The injured worker indicated he has low back pains, mostly in the lumbosacral area, pointing to bilateral sacro-iliac regions. The pain radiates to the posterior lateral thighs into the calves (Right less than Left). The pain is worse with sitting, standing and he cannot lift or pull anything heavy. He indicated that carrying a gallon of milk causes sharp pain in the back. The injured worker indicated the pain at times is eased by medication. The mid back pain is in between shoulder blades, worse with sitting and bending. The injured worker also complains of neck pain, worse with turning and strenuous lifting, pushing and pulling. He also complained of headache because of neck pain, at times located in the occipital area. Motor examination revealed lower extremity strength

decreased on the right at 4/5 due to pain diffusely on the left. Sensory examination revealed sensation is diminished on the right sole and top of the foot more on the S1 and L5 distributions to light touch. Gait is moderately slow due to back pain. Lumbar spine examination revealed moderate spasm greater on the left than the right. Range of motion is limited because of pain. Straight leg raise test is positive on the right at 60 degrees in sitting position, and is positive on the left at 80 degrees producing low back, hip and posterior thigh pain mostly on the left. Plan of management included Norco 7.5/325 mg tab BID, Mentoderm gel 120gms TID, and Flexeril 10mg BID. The previous request for Norco 7.5/325mg tab was non-certified on 06/12/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 7.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids Opioids for c.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 7.5/325mg tab #60, cannot be established at this time.