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| <b>Case Number:</b>   | CM14-0012066 |                              |            |
| <b>Date Assigned:</b> | 02/21/2014   | <b>Date of Injury:</b>       | 05/22/2010 |
| <b>Decision Date:</b> | 06/26/2014   | <b>UR Denial Date:</b>       | 01/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2014 |

### 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 Internal Medicine and is licensed to practice in California, Colorado, North Carolina, and Kentucky. 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 37 year old male who sustained an injury on 05/22/10 while lifting a heavy box. The injured worker slipped falling to the left side developing pain in the left hip. The injured worker was initially assessed with an acute lumbar sprain/strain injury and treated with pain medications and muscle relaxer. The injured worker also received IM steroid injections and was referred to physical therapy. Previous electrodiagnostic studies showed evidence of L5 radiculopathy. As of 12/23/13 the injured worker had persistent complaints of low back pain with right lower extremity weakness. Physical examination noted tenderness to palpation in the lumbar spine. The injured worker ambulated with a slow gait and had weakness in the right lower extremity. Physical examination findings remained unchanged from prior visits. The injured worker had increase in the amount of Norco being prescribed since 10/13 due to elevated pain levels. At this visit the injured worker was utilizing Norco 10/325mg up to five times a day for pain control. Recommendations were for further strengthening exercises and selective nerve root blocks at L4-5 and L5-S1. The requested Norco 10/325mg quantity 150 was denied by utilization review on 01/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF NORCO 10/325 MG, QTY:150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER: OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

**Decision rationale:** In review of the clinical notes the injured worker has had steady increase in the amount of Norco being prescribed due to elevated pain levels. As of December of 2013 the injured worker was utilizing up to five Norco per day for pain control. From the clinical documentation there is no indication that Norco has been effective in controlling the ongoing chronic pain. The injured worker has no clear improvement in pain scores or evidence of substantial functional improvement. Short acting narcotics can be considered an option in the treatment of moderate to severe musculoskeletal pain; however, guidelines recommend that there be objective evidence regarding its functional benefit and pain reduction. Given the increasing amount of narcotics being utilized for this injured worker, it is not clear that the symptoms are being controlled with short acting Norco. The request for Norco 10/325mg quantity 150, is not medically necessary.