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| <b>Case Number:</b>   | CM14-0115413 |                              |            |
| <b>Date Assigned:</b> | 08/04/2014   | <b>Date of Injury:</b>       | 11/10/2006 |
| <b>Decision Date:</b> | 09/11/2014   | <b>UR Denial Date:</b>       | 07/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/23/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 53 year old female who had a work related injury on 11/10/2006. The mechanism of injury is undisclosed. The most recent medical record submitted for review is dated 07/23/14. The injured worker complains of low back pain radiating to the bilateral knees with numbness and tingling, fatigue and weakness of the legs with prolonged weightbearing, and complains of right knee pain with popping and clicking. Emergency room visit on 07/14/14 due to syncope was noted. Current medications include Norco 10 milligrams two times per day, Fexmid once per day, and Prilosec. Physical examination of the lumbar spine revealed tenderness to palpation with spasm over the paraspinal musculature, straight leg raising is positive, eliciting radicular symptoms to the right calf, range of motion of the lumbar spine measures flexion 30, extension 10, right side bend 10 and left side bend 13 degrees, sensation is decreased in the right L4 to S1 dermatomes, the right knee reveals tenderness to palpation over the medial joint line and peripatellar region, crepitus is present, McMurray's test is positive, and range of motion of the right knee measures flexion 130 and extension zero degrees. The injured worker ambulates with a single point cane. Diagnosis is cervical/trapezial musculoligamentous strain/sprain with muscle contraction headaches. In reviewing the documentation submitted for review, there is no documentation of functional improvement, nor are there visual analog scales (VAS) scores with and without medication. Prior utilization review on 07/07/14 was noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's, page(s) 74-80 Page(s): 74-80.

**Decision rationale:** Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not show a significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established.