

<b>Case Number:</b>	CM14-0117595		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Family Medicine, 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:

This 45 year old patient had a date of injury on 9/29/2011. The mechanism of injury was she slipped and fell, injuring her low back. In a progress noted dated 7/7/2014, subjective findings included low back pain which radiates to both hips and posterior thighs. Pain is 9/10 without the pain medications and 5/10 with pain medications. On a physical exam dated 7/7/2014, objective findings included alert, pleasant, no acute distress. She has healed scar on lumbar spine, tenderness over lumbar paraspinal muscles, tingling in right L5-S1 dermatomal distribution on light touch. Diagnostic impression shows spondylolisthesis, lumbosacral neuritis, lumbago, and lumbar radiculitis. Treatment to date: medication therapy, behavioral modification, Laminectomy with Right L5-S1 Discectomy on 2/1/2011, epidural steroid injections, spinal cord stimulator. A UR decision dated 7/15/2014 denied the request for Norco 10/325 #120, stating that there was no documentation objective evidence of functional improvement from previous treatments. There were no urine drug screens, risk assessment profile, or pain contract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Long Term Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In a progress note dated 7/7/2014, it was mentioned that this medication helps the patient complete her ADLs and denies any adverse side effects from this medications. However, in the reports viewed, there was no evidence of a pain contract or urine drug screens to monitor for compliance or aberrant drug behavior. Therefore, the request for Norco 10/325 #120 is not medically necessary.