

<b>Case Number:</b>	CM14-0130021		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/21/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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, has a subspecialty in Pain 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:

The injured worker is a 49-year-old female who reported an injury on 08/21/2009 caused by an unspecified mechanism. The injured worker's treatment history included psychosocial evaluation, medications, urine drug screen, epidural steroid injections, and MRI studies. The injured worker had a urine drug screen on 01/08/2014 that was positive for opiate usage. The injured worker was evaluated on 04/29/2014, and it documented the injured worker complained of low back pain and right leg pain. She continued to have an exacerbation in her leg pain. The provider noted the injured worker, in that past, had a lumbar epidural steroid injection that had reduced her pain by over 60%. Unfortunately, the request for the epidural steroid injection to the lumbar spine has been denied. As such, the medications help take the edge off somewhat, but the pain continued to be extreme. Physical examination of the lumbar spine revealed straight leg raise on the right was positive at 30 degrees. Straight leg raise on the left was negative. There was pain noted over the lumbar intervertebral spaces discs on palpation. Palpation twitch positive trigger points were noted in the lumbar paraspinal muscles. The injured worker's gait appeared to be antalgic. She was using a cane. The injured worker's gait was severely antalgic due to the back pain and leg pain and the right leg weakness. Anterior flexion of the lumbar spine was noted to be 30 degrees. Anterior lumbar flexion caused pain. Extension of the lumbar spine was noted to 10 degrees. There was pain noted with lumbar extension. Left lateral flexion caused pain. Right lateral flexion caused pain. Medications include ibuprofen, Percocet 10/325 mg, Norco 10/325 mg, Neurontin 600 mg, Robaxin 750 mg, and Prevacid 15 mg. Diagnoses included radiculopathy, degenerative disc disease, and cervicalgia. The request for authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #360, 1 tablet four times per day PRN for 90 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The requested is not medically The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker had a urine drug screen on 01/08/2014 that was positive for opioid usage. There was no outcome measurements indicated for the injured worker such as home exercise regimen or long-term functional goals for the injured worker. The request submitted for review failed to include frequency and duration of medication. The injured worker was evaluated on 04/09/2014; however, the provider failed to indicate VAS measurements while the injured worker was utilizing Norco 10/325 mg. Given the above, the request for Norco 10/325 mg #360, 1 tablet 4 times per day as needed for 90 days is not medically.