

<b>Case Number:</b>	CM14-0173749		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	06/11/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Occupational 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 is a 61-year-old female with a 6/11/09 date of injury. According to a progress report dated 10/29/14, the patient stated that her pain level has decreased since her last visit. She reported her low back pain with medication was a 3/10 and without medication was a 5/10. She has been experiencing pain in her left hip and leg and believed it was radiating from her low back. The provider has recommended that the patient discontinue Norco and restart tramadol because it is not as strong. She has had a decrease in pain requirement since her steroid injection. Objective findings: restricted lumbar spine range of motion, hypertonicity and tenderness of paravertebral muscles on left, tenderness noted over groin and SI joint, light touch sensation decreased over the L5 and S1 lower extremity dermatome(s) on the left. Diagnostic impression: lumbar facet syndrome, lumbar disc disorder, lumbar radiculopathy, sacroiliitis, low back pain. Treatment to date: medication management, activity modification, SI joint injection. A UR decision dated 10/15/14 denied the request for Norco. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Additionally, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91 and 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates 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. However, in the present case, the provider has indicated that he has discontinued Norco and restarted the patient on tramadol due to a decrease in pain requirement since her steroid injection. It is unclear why this request is being made at this time. Therefore, the request for Norco 5/325mg #45 was not medically necessary.