

<b>Case Number:</b>	CM14-0021949		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/05/1999
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Physical Medicine and Rehabilitation 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 62-year-old female who reported an injury on 11/05/1999. The mechanism of injury was not provided. The diagnoses included lumbar degenerative disc disease, right lumbar radiculopathy, and status post L3-S1 fusion. Prior therapies included surgery, an epidural steroid injection, and restorative yoga. Per the 01/09/2014 progress report, the injured worker reported low back pain radiating to the tailbone and right leg. Examination of the lumbar spine noted limited range of motion and tenderness to palpation along the paraspinal muscles. The injured worker's medication regimen included Topamax 75 mg, Ambien 5 mg, Flexeril 7.5 mg, and Norco 10/325 mg. per the 03/10/2014 progress report, the injured worker reported radiating low back pain averaging 8/10. The treatment plan included Norco 10/325 mg quantity 60. A Request for Authorization form for Norco 5/325 mg quantity 60 was submitted 03/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF NORCO 10/325MG #60: 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): 76-80.

**Decision rationale:** The California MTUS Guidelines state opioid management should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate a prescription for Norco 10/325 mg since 01/09/2014. The injured worker continued to report increased low back pain. There is a lack of documentation regarding significant pain relief, objective functional improvements, appropriate medication use, and side effects to determine the necessity of continued use. Based on this information, the request is not supported. As such, the request for 1 Prescription of Norco 10/325mg #60 is not medically necessary.