

<b>Case Number:</b>	CM14-0026492		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/22/1980
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 & Rehabilitation has a subspecialty in Sports 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 60 year old male who reported an injury on 04/22/1980, by falling off a scaffold and landing on his back. He sustained broken ribs and ruptured his spleen. Upon exam on 02/05/2014 he complained of left side lower back pain radiating to left lower leg and pins and needles in the bottom of foot. His medications listed were Benadryl and Norco. His exam showed full range of motions to his lumbar spine. His motor strength was 3/5. The injured worker had a negative straight leg test bilaterally. The injured worker had diagnoses of lumbar disc with radiculitis and low back pain. The treatment plan was to consider decreasing the Norco, but not without providing other method of controlling pain, such as epidural injections. The treatment plan was also for him to do a home exercise program. There was not provided any documentation on pain assessment and effectiveness, nor was there any documentation of any physical therapy or any other conservative methods. The request for authorization was signed and dated 02/08/2014. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF NORCO 10/325 MG #60 , ZERO REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009), Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-78.

**Decision rationale:** There was no evidence provided to show any decrease or effectiveness of the Norco. The California MTUS guidelines recommend that these agents are often combined with other analgesics such as acetaminophen and aspirin. There was a lack of documentation provided regarding any use of any other analgesic. The guidelines state that four domains have been proposed as relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potential aberrant drug related behaviors. There was a lack of documentation regarding average pain, longevity of pain relief, activities of daily living deficits, and no urine drug screens. There was no evidence of a psychosocial evaluation. In addition, the request does not include the frequency. Therefore the request for ongoing Norco is not medically necessary.