

<b>Case Number:</b>	CM14-0027411		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/24/2009
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 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 32-year-old female who sustained an injury on 03/24/2009 while installing surveillance equipment in an attic. On 02/10/2014, the injured worker presented with bilateral low back pain, left and right knee pain, and right leg pain. Current medications include OxyContin and Norco. The diagnoses were morbid obesity, joint pain of the knee and lower leg, lumbosacral spondylosis, lumbago, and causalgia of lower limb. Upon examination, the injured worker had 8/10 pain in the right low back, right knee, and right leg. The provider recommended 90 tablets of Norco 10/325mg. The provider did not want to discontinue all opioids abruptly. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tablets of Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

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

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The Guidelines recommend ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment in the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has a history of chronic opioid use, and there is no evidence of decreased pain or increased function with the use of opioid medication. Additionally, the provider's request does indicate the frequency of the Norco in the request as submitted. As such, the request is not medically necessary.