

<b>Case Number:</b>	CM14-0031293		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 25-year-old female who was injured on 04/27/2012. The mechanism of injury is unknown. Her diagnoses include Lumbar herniated nucleus pulposus with right lower extremity radiculopathy and medication induced gastritis. Prior treatment history has included current oral and analgesic medications, which includes Norco 10/325 mg. The patient has received two epidural lumbar steroid injections. Diagnostic studies reviewed include MRI of the lumbar spine dated 03/05/2013, which revealed a 4-5 mm right paracentral disc protrusion indenting the thecal sac and displacing and compressing the traversing right nerve root. There are 3-4 mm disc protrusions at L4-5 and L5-S1, with some midline stenosis. Progress note dated 03/24/2014 documented the patient to have complaints of increased pain in her lower back radiating down to her right lower extremity. She rates her low back pain today 7/10 and aggravated with any type of bending, twisting and turning. Objective findings on exam included examination of the posterior lumbar musculature revealing tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points, which were palpable and tender with taut bands throughout the lumbar paraspinal muscles. There was noted muscle guarding with range of motion testing. Sensory exam with the use of Wartenburg pinwheel was decreased along posterolateral thigh and posterolateral calf in the right lower extremity compared to the left, in approximate L5-S1 distribution. The straight leg raise in the modified sitting position is positive at 60 degrees on the right, which caused radicular symptoms in comparison to the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009 (pdf format) Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG: Pain Chapter Opioids for Chronic Pain.

**Decision rationale:** Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the chronic use of a short acting opioid medication. Medical necessity for Norco 10/325 has not been established. Therefore, the request for Norco 10/325mg #60 is not medically necessary.