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| <b>Case Number:</b>   | CM14-0033315 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 03/16/2009 |
| <b>Decision Date:</b> | 07/23/2014   | <b>UR Denial Date:</b>       | 02/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2014 |

### 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 Neurological Surgery 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 53-year-old gentleman who was reportedly injured on May 16, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 2, 2014 indicates that there are ongoing complaints of low back pain radiating to the left leg as well as left foot pain. This pain was rated at 9-10/10. Current medications include Celexa, Promethazine, Norco, and Flexeril. The physical examination noted decreased lumbar spine range of motion and tenderness of the lumbar paravertebral muscles. There was a positive right-sided straight leg test at 120. There were trigger points with radiating pain and a twitch response at the lumbar paraspinal muscles on the right and left. Examination of the left ankle noted tenderness over the medial and lateral malleolus. Examination of the left foot noted swelling as well as tenderness over the heel and midfoot. There was decreased sensation over the lateral and medial aspects of the foot, medial and lateral calf and bilateral anterior thighs. Norco, Promethazine, Flexeril, and Celexa were prescribed. An x-ray of the lumbar spine noted L4/L5 spondylolisthesis and degenerative disc disease as well as facet disease. A magnetic resonance image of the lumbar spine showed similar findings. Previous treatment included athletic footwear, use of an H-wave unit, and oral medications. A request had been made for Norco and was not certified in the pre-authorization process on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The previous utilization management review dated February 24, 2014 stated that prior medications were working well. The injured employee was also stated to be out of his prescription medications from February until the appointment on June 2, 2014. However, the injured employee had been prescribed Norco on the past and there is no objective documentation of its pain relief or its ability to allow the injured employee to function, return to work, and perform activities of daily living. Without this information is unclear if the injured employees really benefiting from Norco. This request for Norco is not medically necessary.