

<b>Case Number:</b>	CM14-0036274		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Orthopedic 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 40 year-old male who was reportedly injured on December 19, 2012. The mechanism of injury is noted as shoveling. The most recent progress note, dated February 20, 2014, indicates that there are ongoing complaints of low back pain radiating into the right lower extremity. The physical examination demonstrated full lumbar range of motion, but pain with extension. There was tenderness palpation and spasm in the right-sided lumbar paraspinal muscles, no muscular atrophy was noted, and straight leg raise test was positive on the right. Pelvic rock and sustained hip flexion's are positive. The neurological examination documents into deficit on the right posterior thigh and calf in an S1 nerve root distribution. Diagnostic imaging studies including MRI lumbar spine dated April 2, 2013. The clinician indicates that this is disc desiccation L5-S1 and appears to contact both the S-1 nerve roots as their existing the sac. The clinician recommends a prescription of Norco 10/325mg "a couple of tablets a day." Clinician also recommends lumbar epidural steroid injection and physical therapy. Previous treatment includes physical therapy, anti-inflammatories, a home exercise program, and opiate medications. And operative report dated November 14, 2013 is also provided indicating that right L3, L4, and L5 medial branch blocks were performed. A request was made for a one-month supply of Norco 10/325 mg and was not certified in the pre-authorization process on March 18, 2014. The reviewer indicated that hydrocodone had been regularly obtained since October 29, 2012 with no clear evidence of urine drug screen monitoring or documentation of concern or lack of concern for aberrant medication taking behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 1 month supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Ongoing Management, and Specific Drug List.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The California Medical Treatment Utilization Schedule supports the use of chronic opiate management for neuropathic pain. However, specific criteria are provided by the California Medical Treatment Utilization Schedule for continuing opioid use including documented pain improvement, objective functional improvement and urine drug screen monitoring. Based on the clinical documentation provided, the most recent document does not appear to indicate that this individual is receiving significant pain improvement or objective functional improvement with the current narcotic pain medication. Additionally, the request does not specify the number of tablets and the progress note recommends "a couple of tablets a day." Without further information regarding the number of tablets being requested, the frequency of doses, or evidence of improvement the request is considered not medically necessary.