

<b>Case Number:</b>	CM14-0041246		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/19/2004
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 54-year-old with a reported date of injury on August 15, 2004. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with chronic low back pain, rated at 8/10. Upon physical examination, the injured worker's lumbar spine revealed limited range of motion, positive Lasgue's bilaterally, positive straight leg raise on the right to 60 degrees, and positive straight leg raise on the left to 50 degrees. In addition, the clinical information indicated the injured worker presented with decreased sensation bilaterally at L4-5 and L5-S1. The MRI of the lumbar spine dated December 4, 2013 revealed mild degenerative endplate changes in the lower lumbar spine, small disc bulges at L4-5 and L5-S1, and there was no spinal stenosis or neural foraminal stenosis at any level in the lumbar spine. According to the clinical documentation provided for review, the injured worker has utilized Norco prior to August 22, 2013. Previous physical therapy or conservative care was not provided within the documentation available for review. The injured worker's diagnosis included lumbar discogenic disease with radiculitis, chronic low back pain, and intractable pain. The injured worker's medication regimen included oxycodone, Norco, Relpax, Soma, and Valium. The Request for Authorization for Norco 10/325, one 4x/day #120 was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that the ongoing management of opioid use should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the clinical documentation provided for review, the injured worker has utilized Norco prior to August 22, 2013. There is a lack of documentation related to the therapeutic benefit of the ongoing use of Norco. In addition, the clinical information provided for review lacks documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend documented pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; and how long it takes for pain relief. The request for Norco 10/325, 120 count, is not medically necessary or appropriate.