

<b>Case Number:</b>	CM14-0046111		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/22/1998
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Family Medicine 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:

This is a 69-year-old female who reported an industrial injury to the left lower leg and back on 7/22/1998, over 16 years ago, attributed to the performance of customary job tasks reported as having a forklift kick a wooden log up struck the patient in the left lower leg knocking her down onto her back. The patient continued to complain of lower back pain radiating to the left lower extremity. The objective findings on examination included tenderness to palpation throughout the lumbar spine in the bilateral lumbar paraspinal regions; negative seated SLR bilaterally; reflexes were 2+ and symmetrical; 3/5 motor strength in the left ankle dorsiflexion and 1/5 in the left long till extension; sensation to light touch was grossly intact to my: some decreased sensation along the anterior lateral aspect of the proximal left lower leg. The patient had been assessed as being permanent and stationary. The patient was documented be taking Citalopram; oxycodone; OxyContin; Norco 10/325 mg; Lyrica 75 mg; Celexa; Requip; hydrochlorothiazide; Protonix; Zantac; levothyroxine; potassium; Ambien; and Bxemestane. The diagnoses included L5-S1 motor radiculopathy; lumbar degenerative disc disease; hypertension; nonindustrial breast-cancer; hypothyroidism; depression and GERD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids.

**Decision rationale:** There is no clinical documentation with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no evidence provided that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 10/325 mg #180 is not demonstrated to be medically necessary.