

<b>Case Number:</b>	CM14-0047242		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/04/2000
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Arizona. 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 44 year old female with a date of injury on 9/4/2000. The patient's diagnoses include lumbosacral strain, sciatica, and myofascial pain. Subjective complaints are of low back pain with radiation to the legs, and right shoulder and neck pain. The patient's pain is rated at 8/10. A physical exam shows tenderness of the lumbar paraspinal muscles and right iliotibial band, and decreased lumbar range of motion. There are trigger points in the bilateral trapezius and sternocleidomastoid muscles. Paresthesia to light touch in the right lateral leg was noted. Medications include Norco 10/325mg every 4 hours as needed, Biofreeze, Tizanidine, and Lidoderm. The records indicate that the patient cannot take oral NSAIDs and that long acting opioids were not tolerated due to her having to take care of her small children.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #180 with 1 refill:** 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 OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. The California Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, medical records indicate that Norco is to be taken only as needed for pain. Based on the ongoing quantity of Norco being prescribed, it does not appear that the patient is utilizing this medication occasionally, but rather on a consistent basis. Furthermore, no documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing objective efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. For these reasons, the requested Norco is not medically necessary.