

<b>Case Number:</b>	CM14-0047775		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/26/1997
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 & Rehabilitation 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 61-year-old female who reported an injury on 05/26/1997. She reportedly slipped on gravel and fell into a hole. On 06/05/2014, the injured worker presented with bilateral lower back pain, numbness in right lower extremity, and bilateral knee pain. Medications included Methadone, Celebrex, Soma, Percocet, OxyContin, Norco, and Elavil. Upon examination, the injured worker is a morbidly obese patient in a wheelchair and uses oxygen. She looks to be in distress and moderate discomfort. Examination of the lower extremity noted range of motion of the right ankle nearly 100% absent with severe tenderness upon palpation of the left and right knee joints. The examination of the lumbar spine noted flattening of the normal lordosis and the SI joints were tender bilaterally. Lumbar spine range of motion was restricted and painful. Diagnoses were chronic pain syndrome, reflex sympathetic dystrophy of the lower limb, pain in joint, lumbosacral spondylosis without myelopathy, morbid obesity, adjustment disorder with mixed anxiety and depressed mood, chronic airway obstruction, unspecified hypothyroidism, diabetes, and congestive heart failure. The provider recommended Norco 10/325mg, the provider's rationale was not provided. The request for authorization form was dated 05/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Opioids, long-term assessment.

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

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed Norco since at least 02/2014, the efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.