

<b>Case Number:</b>	CM14-0052182		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/24/2006
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, has a subspecialty in Pain Medicine 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 55-year-old female who reported an injury on 06/24/2006. The mechanism of injury was not specifically stated. The current diagnoses include low back pain, sacroiliitis, chronic pain, myalgia/myositis, lumbar degenerative disc disease, anxiety state, and depression. The current medication regimen includes Ambien CR 12.5 mg, klonopin 0.5 mg, Zoloft 50 mg, Neurontin 300 mg, Norco 10/325 mg, Butrans 20 mcg/hr, naproxen 550 mg, Levoxyl 150 mcg, and magnesium 100 mg. It is also noted that the injured worker has undergone a carpal tunnel release in 2012, as well as a knee arthroscopy in 2010. The injured worker was evaluated on 04/04/2014 with complaints of persistent lower back pain with activity limitation. Previous conservative treatment includes ice therapy, rest, injection, and medication management. Physical examination on that date revealed an antalgic gait, intact coordination, normal motor strength, and intact sensation. Treatment recommendations at that time included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized Norco 10/325 mg since 11/2013. Despite the ongoing use of this medication, the injured worker presents with moderate to severe low back pain radiating into the bilateral lower extremities. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.