

<b>Case Number:</b>	CM14-0058612		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/26/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 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:

According to the records made available for review, this is a 31-year-old female with a 1/26/10 date of injury. At the time (3/12/14) of request for authorization for 1 prescription of Norco 10/325mg #115, there is documentation of subjective (ongoing low back pain radiating down the left leg) and objective (diffuse tenderness across the lumbar spine, decreased lumbar range of motion, and positive straight leg raise on the left) findings. Current diagnoses include chronic pain syndrome, lumbar degenerative disc disease with left radiculopathy, and lumbar sprain/strain. Treatment to date shows ongoing therapy with Norco with decrease in pain levels and increase in activities of daily living.

### 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, #115:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lumbar degenerative disc disease with left radiculopathy, and lumbar sprain/strain. In addition, given documentation of ongoing therapy with Norco with decrease in pain levels and increase in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Norco 10/325mg #115 is not medically necessary.