

<b>Case Number:</b>	CM14-0066477		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 and Washington. 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 38-year-old male who reported an injury on 04/12/2012. The injury reported was when the injured worker was hit by a car. The diagnoses included low back pain, knee pain, pain in joint lower leg, hip pain, and lumbar radiculopathy. Previous treatments included medication, gym membership. The diagnostic imaging included a magnetic resonance imaging (MRI), electromyography (EMG) and nerve conduction study (NCS). Within the clinical note dated 05/09/2014, it was reported the injured worker complained of lower backache and left hip pain. The injured worker rated his pain 3/10 in severity with medication and 7/10 in severity without medication. Upon the physical examination, the provider noted the injured worker to be in moderate pain. The injured worker had restricted range of motion of the lumbar spine with flexion at 25 degrees and limited by pain and extension at 10 degrees and limited by pain. The provider indicated the injured worker had tenderness to palpation on the paravertebral muscles, spasms, tenderness and light muscle band is noted on both sides. The injured worker had a positive facet loading on the left side. The injured worker had a positive straight leg raise test on the left side sitting at 70 degrees. The provider requested Norco 10/325 tablets. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg tablets, one (1) tab four times a day (QID) as needed #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use and On-Going Management) Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg 1 tablet 4 times a day as needed #90, is not medically necessary. The injured worker complained of lower backache and left hip pain. He rated his pain 7/10 in severity without medication. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment. The injured worker has been utilizing medications since at least 06/2013. Therefore, the request is not medically necessary.