

<b>Case Number:</b>	CM14-0072312		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/13/2005
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 68-year-old male who reported an injury on 06/13/2005. The mechanism of injury was not specifically stated. The current diagnoses include lumbar post laminectomy syndrome and lumbar pain with radiculopathy. The injured worker was evaluated on 04/03/2014 with complaints of persistent lower back pain. It is noted that the injured worker has been previously treated with physical therapy, pain medication, and 3 epidural steroid injections. The current medication regimen includes Norco 10/325mg and Fexmid. A physical examination revealed decreased deep tendon reflexes in the lower extremities, tenderness to palpation at L5-S1, well healed surgical scars, positive straight leg raising bilaterally, an antalgic gait, diminished strength in the right lower extremity, and decreased sensation to light touch in the right lower extremity. Treatment recommendations 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:

**One prescription for Norco 10/325MG:** 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. The injured worker has continuously utilized this medication since 07/2013. There is no documentation of objective functional improvement. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.