

<b>Case Number:</b>	CM14-0076076		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/14/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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:

The injured worker is a 54-year-old female who reported an injury on 07/14/2006 while picking up a 40- to 50-pound case of soda in an awkward position she felt a sharp pain to the lumbar area. The injured worker had a history of lower back pain with a diagnosis of lumbar sprain/strain with lumbar degenerative joint disease. The MRI dated 04/05/2012 revealed L4-5 and L5-S1 intervertebral disc degeneration, posterior disc protrusions, with stable vertebral body hemangiomas. The past treatments included bilateral lumbar medial branch blocks at L3-4 and L4-5 and L5-S1 dated 10/23/2012, lumbar epidural steroid injection x 2 at L5-S1 dated 08/26/2013, physical therapy, and TENS unit daily. The objective findings dated 03/10/2014 revealed limited range of motion to the lower lumbar back region with forward flexion of 30 degrees and extension of 10 degrees, bilateral straight leg raise positive at 80 degrees, deep tendon reflexes of 1+ at the knees and ankles, and palpation noted with mild rigidity at the lumbar trunk. The medications included Norco 10/325 mg, ibuprofen 800 mg, and Zanaflex for spasms. Pain is rated at 7-8/10 with medication and a 10/10 without medication using the VAS pain score. The Request for Authorization dated 03/12/2014 was submitted with documentation. The rationale for the Norco was to assist with cramps in the legs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty 120:** 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): 75, 78.

**Decision rationale:** The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the clinical notes provided, the injured worker reports her pain 8/10. Norco has no efficacy in relieving her pain. The injury was in 2006, the injured worker should be weaned off the Norco. The clinical notes did not address aberrant behaviors or possible side effects. The request did not address frequency. As such, the request is not medically necessary.