

<b>Case Number:</b>	CM14-0077101		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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, 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 44-year-old male who reported an injury on 05/08/2009. The mechanism of injury was not provided for clinical review. The diagnosis included lumbar spine degenerative disc disease. Previous treatments included medication. Within the clinical note dated 04/22/2014, it was reported that the injured worker complained of back pain. Upon physical examination, the provider noted the back range of motion was decreased. The clinical documentation submitted was largely illegible. The provider requested a refill on Norco 10/325 mg. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 04/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

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

**Decision rationale:** The injured worker complained of back pain. The 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. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. Additionally, the use of a urine drug screen was not provided for clinical review. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 04/2014. Therefore, the request for Norco 10/325 #120 is not medically necessary.