

<b>Case Number:</b>	CM14-0080551		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 48-year-old male who reported an injury on 04/24/2006 due to a fall after being struck by some tree branches. The injured worker reportedly sustained an injury to his thoracic and lumbosacral spine, right index finger, long and ring fingers of the right hand. The injured worker ultimately underwent lumbar fusion with retained hardware. The injured worker's chronic pain was maintained on medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 07/22/2014. It was documented that the injured worker's medications included Ambien 5 mg, Prilosec, tramadol 150 mg, Norco 10 mg, and gabapentin 300 mg. Physical findings included tenderness and spasming to the paravertebral musculature with decreased range of motion secondary to pain and assisted ambulation with a 1 point cane. The injured worker's diagnoses included status post lumbar spine fusion with retained hardware and lumbosacral radiculopathy. A request was made for a refill of medications. No request for authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Neuropathic pain Criteria for use of opioids.

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

**Decision rationale:** The requested 1 prescription of Norco 10mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. However, the most recent clinical documentation does not provide any evidence that the patient has significant pain relief or functional benefit resulting from the use of this medication. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of Norco 10mg #60 is not medically necessary or appropriate.