

<b>Case Number:</b>	CM14-0087924		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/06/2000
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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, 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 66-year-old female who reported an injury 07/06/2000 due to an unknown mechanism. Diagnoses were left L5 radiculopathy, large herniated disc at L4-5, and history of MRSA (Methicillin-resistant Staphylococcus aureus). Past treatments were epidural steroid injections. Diagnostic studies were an MRI of the lumbar spine in 2000. Surgical history showed bladder surgery 09/2011. The injured worker had a physical examination on 05/13/2014 with complaints of persistent low back pain that radiated into the left lower extremity. The pain was stated as 7/10 to a 1/10. Since starting on the Neurontin the leg pain was stated at 3/10 and without it, it would be a 9/10. The injured worker continued to work full time. Objective findings were random urine drug screen on 02/18/2014 which was consistent. There was mild lumbar paraspinal muscles with positive left leg lift. Medications were Norco 10/325 three tablets a day, Ultram 50 mg as needed, Ambien 10 mg 1 at bedtime as needed, Flexeril 10 mg 1 as needed, gabapentin 300 mg 1 at bedtime. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/ 325 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75, Ongoing Management, page 78 Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends 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. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Efficacy for this medication was not reported. Therefore, the request is not medically necessary.