

<b>Case Number:</b>	CM14-0091982		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/18/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Family Medicine and is licensed to practice in Tennessee, California, and 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 28 year old female who is reported to have sustained injuries to her low back on 03/18/2009. The mechanism of injury is not described. She is noted to have low back and left lower extremity pain. The clinical records indicate that she is status post an L4-5 fusion. Records indicate that the injured worker has a failed back surgery syndrome. Clinical records report that the injured worker's pain levels are 8-10/10. The record indicates that the injured worker current medication profile includes Dilaudid 4 mg, amitriptyline 25 mg, Norco 10/325 mg, and Oxycontin 15 mg. The dosage rate results in 109 MED. On physical examination dated 05/06/14 there is decreased lumbar range of motion, straight leg raising is positive on the right, motor strength is reduced in the left lower extremity, and there is decreased sensation on the left in the L5 and S1 distributions. This note recommends a weaning of Norco. The record includes a utilization review determination dated 06/06/14 in which request for Norco 10/325 mg #270 was amended from #270 to a quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-80.

**Decision rationale:** The submitted clinical records indicate that the injured worker has a failed back surgery syndrome and active lumbar radiculopathy. The serial records fail to establish the efficacy of this medication. Despite being on multiple opiate medications, the injured worker continues to report pain levels of 8/10. There is no documentation of functional improvements as a result of using Norco. The prescription is for 30 milligrams 3 times per day. This increases the injured worker's exposure to acetaminophen to unacceptable levels. It is further noted that the requestor was indicating an intention to wean the injured worker from this medication and therefore the #90 as recommended by the prior reviewer appears appropriate. As such, Norco 10/325 mg #270 is not medically necessary.