

<b>Case Number:</b>	CM14-0097023		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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, has a subspecialty in Pain Management 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 51 year old male who reported a date of injury of 10/15/2012. The mechanism of injury was not indicated. The injured worker had diagnoses of multilevel lumbar degenerative disc disease, lumbar focal spinal stenosis at the L3-L4 level with degenerative disc disease and, and status post previous lumbar laminectomy. Prior treatments included an epidural steroid injection on 08/10/2012. Diagnostic studies were not indicated within the medical records received. Surgeries included a lumbar laminectomy. The injured worker had complaints of low back pain with pain radiating into his legs bilaterally. The clinical note dated 05/22/2014 included findings the injured worker had moderate tenderness over the L3 through the S1 posterior spinous process and paravertebral muscles. The injured worker's range of motion of the lumbar spine showed 15 degrees of forward flexion and 10 degrees of extension with marked pain in the gluteal region bilaterally. There was no evidence of neurological deficits from the L2-S1 levels. The injured worker had weakness to the right L4 quadriceps, peroneal and EHL of the right and, the injured worker had a positive straight leg raise on the right and negative on the left. Medications included Norco and Etodolac. The treatment plan included Norco. The rationale and request for authorization form were not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78-80.

**Decision rationale:** The request for Norco 10/325mg 1 tab OREM every 6 hours PRN #90 is not medically necessary. The injured worker had complaints of low back pain with pain radiating into his legs bilaterally. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines indicate opioids for chronic back pain should be for short-term use. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Furthermore, there is a lack of documentation indicating the injured worker has failed non-opioid medications. There is a lack of documentation indicating when the injured worker last underwent a urine drug screen. As such, the request for Norco 10/325mg #90 is not medically necessary.