

<b>Case Number:</b>	CM14-0189641		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	11/16/2010
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 North Carolina. 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:

According to the progress note of June 12/2014, the injured worker was involved in an industrial related motor vehicle accident, November 16, 2010. The injured worker was diagnosed with gastritis, cervical strain/sprain, thoracic strain/sprain, lumbar strain/sprain and cervical thoracic strain and myofascitis. The injured worker had Magnetic Resonance Imaging (MRI) of the lumbar spine which showed acute left L5 radiculopathy. The injured worker underwent an electromyogram findings were acute left L5 radiculopathy. The x-ray of lumbar flexion and extension showed severe disc degeneration with bilateral neural foraminal narrowing. The injured worker continues to work with work restrictions of no lifting over 50 pounds. According to the progress note of June 12, 2014, the lumbar flexion was 45 degrees out of 60 degrees, extension was 15 degrees out of 25 degrees and left and right lateral bend was 20 degrees out of 25 degrees. The injured worker had tried pain medication, muscle relaxants, physical therapy, injections and home exercises for relief of pain. According to the progress note of September 25, 2014, the injured worker received 80% relief of pain symptoms with trigger point injections for up to 6 months, with a decrease need for pain medications and increased functional status and sleeping better. The injured worker received 4 trigger point injections at this visit, September 25, 2014. The injured worker was taking Norco, Anaprox DS and Prilosec. The progress note of October 3, 2014 stated the injured worker was complaining of increased pain in the stomach, lower back of 8 out of 10 that radiates into his buttocks , neck pain 7 out of 10 with numbness to the hands and wrist. The pain scale used 0 being no pain and 10 being the worse pain. The injured worker continues to complain about loss of sleep and sexual relations. The injured worker continues with chiropractic treatments, trigger point injections, topical creams, and medications for pain control. On October 24, 2014, the UR denied the request for Norco, according to the MTUS guidelines for Chronic Pain Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Prescription for Norco 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. The record includes a generic paragraph stating that these items are addressed but does not contain any unique information related to the claimant's specific history of use of the medication and/or response to the medication. Therefore, the record does not support medical necessity of this request.