

<b>Case Number:</b>	CM14-0190197		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	11/08/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 American Board Family Practice and is licensed to practice in Ohio. 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 26 year old male with a date of injury of 11-7-2013. He was struck in the back, left knee, and left foot by a scissors jack and subsequently developed low back pain radiating down the left lower extremity and left knee pain. The physical exam revealed tenderness and numerous trigger points to the lumbar spine region, diminished lumbar range of motion, mild left lower extremity weakness, diminished sensation in the left L3-S1 distribution, and a positive straight leg raise test on the left. The left knee revealed tender medial and lateral joint lines, a positive McMurray's sign, and crepitus. His medications have included Percocet and later Norco, Fexmid, and Anaprox for pain. On 7-7-2014 it was noted that pain medications were discontinued following physical therapy and a work hardening program but that his pain was returning. The diagnoses include lumbosacral strain/sprain with radiculopathy and internal derangement of the knee. A request for a lumbar epidural steroid injection was not certified. At issue is a request for Norco 10/325 mg #120 stemming from 10-15-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain (Chronic) Page(s): 74-96.

**Decision rationale:** Those prescribed opioids chronically require ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids generally may be continued if there are improvements in pain and functionality or when the injured worker has regained employment. The record reflects some improvement in functionality as evidenced by the completion of the goals set by physical therapy. In this instance, there is no documentation provided which suggests that the opioid treatment has improved the injured worker's pain. Typical questions in this regard include average pain levels, least pain, worst pain, duration of analgesia with medication, and time to onset of analgesia. Similarly, there is no evidence of monitoring for aberrant drug taking behavior such as urine drug screening or mention of CUREs reports. Consequently, Norco 10/325 #120 is not medically necessary based on the documentation provided.