

<b>Case Number:</b>	CM14-0190315		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 42-year-old male with a date of injury of 07/31/2007. The mechanism of injury was lifting. The diagnoses included L2-3 disc protrusion, lumbar strain with myofascial pain, bilateral lumbar radiculitis or radiculopathy. His past treatments have included physical therapy, TENS unit, a shoulder injection on 10/24/2012, and H-wave machine. His diagnostic studies have included an MRI of the lumbar spine on 11/05/2011, a urine drug screen on 10/24/2012 which was positive for Hydrocodone, Hydromorphone, Norhydrocodone, and 9-Carboxy THC, an electromyography/nerve conductive study on 10/22/2013 and 03/26/2013, and an MRI of lumbar spine on 2007, 05/2009, and on 03/12/2014. The injured worker's surgical history was not provided in the medical records. The clinical note dated 10/23/2014 indicated the injured worker had complaint that his pain had been increasing gradually and radiating down both legs. He also stated his left leg gave out and he had upon physical examination the injured worker had tenderness along the lumbar paraspinal muscles, iliolumbar, and sacroiliac regions. Back pain was noted on range of motion. His medications included Norco 10/325 mg and Baclofen 10 mg. Both medications had been prescribed for him since at least 09/10/2012. His treatment plan included requesting authorization for a lumbar epidural steroid injection, pain medications, and follow-up office visit in 1 month. The rationale for the request is pain control. The Request for Authorization form is not included in the medical record.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325mg #90 is not medically necessary. The injured worker has a history of lumbar pain with possible radiculitis or radiculopathy. He stated his pain had been increasing gradually and was radiating down both legs. The California MTUS Guidelines state that prescriptions should be from a single practitioner, taken as directed, and all prescriptions should be from a single pharmacy. The guidelines state there should be ongoing review and documentation of pain relief, functional status, and appropriate medication use, along with any side effects experienced. Pain assessments should include current pain level with and without medications, how long it takes the relief to start, and how long the relief lasts. The guidelines also recommend urine drug screening on a regular basis. There was a lack of documentation regarding a measurable pain scale, improvement in functional deficits with the medication, or an increase in his ability to perform his activities of daily living. The last urine drug screen in the medical record submitted was dated 10/24/2012, which was positive for Hydrocodone, Hydromorphone, Norhydrocodone, and 9-Carboxy THC. There is a lack of documentation demonstrating whether a urine drug screen was performed recently. The request as submitted failed to provide the frequency of the medication. Therefore, the request for Norco 10/325mg #90 is not medically necessary.