

<b>Case Number:</b>	CM14-0202687		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 37 year old male, who sustained an industrial injury on 02/21/2014. He has reported subsequent back and lower extremity pain and was diagnosed with herniated lumbar disc with clinical symptoms of radiculitis and status post lumbar spine sprain/strain in 2008. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 10/03/2014, the injured worker complained of low back pain radiating to the right leg. Objective physical examination findings were notable for tightness and spasm of the lumbar paraspinal musculature bilaterally, hypoesthesia along the lateral aspect of the foot and ankle, L5 and S1 dermatome bilaterally and weakness with big toe dorsi and plantar flexion. A request for authorization of Norco refill was made. On 11/03/2014, Utilization Review non-certified a request for Norco, noting that there was a lack of documentation concerning prior history of opioid use, side effects and effects on function. ACOEM guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 120 tabs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are herniated lumbar disc with clinical symptoms of radiculitis/radiculopathy, right greater than left; status post lumbar spine sprain/strain 2008 with full recovery. The most recent progress note of the medical record is October 3, 2014. The documentation shows the injured worker is taking Norco 10/325 mg; Ultram150 mg once daily for moderate pain; Anaprox and Prilosec. Three urine drug screens were present in the medical record. Urine drug screen from July 18 was negative for all medications. Urine drug screen from August 22 was positive for tramadol but negative for Norco. Urine drug screen from October 3, 2014 was negative for all medications. The treating physician did not address these recurrent inconsistencies in the urine drug screen. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record despite the inconsistent urine drug toxicology screens. There is no evidence of objective functional improvement with ongoing Norco (and Ultram). Consequently, absent compelling clinical documentation with objective functional improvement and recurrent inconsistent urine drug toxicology screens, Norco 10/325 mg #120 is not medically necessary.