

<b>Case Number:</b>	CM14-0204028		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	04/15/2006
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Practice and is licensed to practice in New Jersey. 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:

This 48 year old female sustained a work related injury on 2/1/2006. The current diagnoses are status post left tarsal tunnel release, status post left plantar fascia release, right carpal tunnel syndrome, secondary strain/sprain of the lumbar spine, status post right and left carpal tunnel release, status post de Quervain's release, and reflex sympathetic dystrophy left lower extremity. According to the progress report dated 11/3/2014, the injured workers chief complaints were lower back pain. Associated symptoms were numbness/tingling radiating into left lower extremity and into left foot. Pain was rated 6/10 on a subjective pain scale. Additionally, she reported right elbow pain (3/10). Current medications are Norco, Ambien, and Neurontin; however, she did not fill her Neurontin prescription, as she could not afford the cost. The physical examination revealed tenderness over the lumbosacral spine, as well as the bilateral lumbar paraspinal musculature, where muscle spasms and myofascial trigger points were noted. Range of motion was slightly decreased. There was increased lower back pain noted upon the extremes of extension of her lumbar spine. The JAMAR grip dynamometer strength readings revealed 20/24/18kg on the right and 18/20/20kg on the left. On this date, the treating physician prescribed Norco 10/325mg #120, which is now under review. The treating physician did not describe any specific reasons for prescribing the Norco. In addition to Norco, the treatment plan included a urine drug screen. When Norco was prescribed work status was permanent and stationary. On 11/6/2014, Utilization Review had non-certified a prescription for Norco 10/325mg #120. The Norco was non-certified based on lack of documented efforts to decrease or discontinue opioids. The California MTUS ACOEM Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** 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 Opioids Page(s): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what her pain was like previously and how much Norco decreased her pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screen reports or drug contract documented. There are no clear plans for future weaning, or goal of care. It is unclear if the patient had other conservative measures such as acupuncture or chiropractic sessions and if there was improvement from these modalities. Because of these reasons, the request for Norco is not considered medically necessary.