

<b>Case Number:</b>	CM14-0067714		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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. 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 47-year-old female, with a reported date of injury of 10/28/2013. The diagnoses include lumbar sprain/strain, lumbar degenerative disc disease, L5-S1 severe foraminal stenosis, L5-S1 grade 1 spondylolisthesis, and thoracic strain. Treatments to date have included an x-ray of the lumbar spine on 11/19/2013; an MRI of the lumbar spine on 11/25/2013; oral medications; and transcutaneous electrical nerve stimulation (TENS) unit trial. The initial comprehensive report dated 03/27/2014 indicates that the injured worker had constant pain in her whole back without radiation to the lower or upper extremities. The pain was rated 7 out of 10. The physical examination showed spasm and tenderness over the whole right back, tenderness over the right sacroiliac joint, decrease lumbar range of motion, and negative bilateral straight leg raise test. The lumbosacral MRI showed L5-S1 spondylolisthesis and severe bilateral L5-S1 foraminal narrowing. The progress report dated 04/10/2014 indicates that the injured worker had constant, worse low back pain with activity. There was no radiation of pain noted. There were no gastrointestinal (GI) side effects from the medications. No objective findings were documented. There was no documentation of increase in pain relief or functionality. The treating physician requested Norco 10/325mg #60 for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** According to the CA MTUS Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain. In this case, the criteria have not been met. There is no documentation of improved pain relief or functioning. The claimant is only able to work 4 hours/day with multiple restrictions and this status has not improved. The MTUS does recommend continual use of opioids for moderate to severe pain, provided there is documentation of significant pain relief and functional improvement. In this case, the criteria are not met and the request for Norco is not medically necessary.