

<b>Case Number:</b>	CM15-0007568		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 38 year old male with an industrial injury dated September 25, 2009. The injured worker diagnoses include large extruded disk at L5-S1 towards the left, left S1 radiculopathy and patellofemoral syndrome of the right knee. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 11/19/14, the injured worker reported ongoing low back pain with radiating symptoms in the lower extremity. Objective findings revealed increased tenderness in the lumbar paraspinal muscles with spasms, greater on the left side, with positive left sciatic notch and decreased range of motion in all of the planes at the waist. The treating physician prescribed Norco 10/325mg 90 tablets. Utilization Review (UR) determination on December 11, 2014 denied the request for Norco 10/325mg 90 tablets, citing MTUS, ACOEM guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 90 Tabs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 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, increase level of function or improve quality of life the lowest possible dose should be prescribed pain and function. In this case, the injured worker's working diagnoses are large extruded disc at L5-S1 towards the left, left S1 radiculopathy; and patellofemoral syndrome in the right knee. Subjectively, the injured worker has ongoing low back pain with symptoms radiating down the left lower extremity. He continues to work full-time. Objectively, there is tenderness at the lumbar paraspinal muscles with spasms, left greater than right. There is decreased range of motion of the waist. The injured worker has received Norco as far back as July 1, 2014 (the earliest progress note in the medical record). The documentation is unclear as to be exact start date. There is no documentation with objective functional improvement as it relates to ongoing Norco use. The documentation does not contain any risk assessments. There are no detailed pain assessment area according to the treating physician, the injured worker was given a three month supply of Norco 10/325 mg #90 and Tizanidine 4 mg #60 on September 24, 2014. This prescription should have provided the injured worker with enough medication through December 24, 2014. However, the injured worker presented on November 19, 2014 (one month early) requesting refills on his medications. He was given a one-month supply on November 19, 2014, which should be ample medication through January 2015. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Norco, absent risk assessments and pain assessments, in addition to presenting one month early for an opiate refill, Norco 10/325 mg #90 is not medically necessary.