

<b>Case Number:</b>	CM15-0106498		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	07/19/2006
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on July 19, 2006, incurring low back injuries. Lumbar Magnetic Resonance Imaging revealed disc narrowing and scoliosis. Electromyography studies showed lumbar radiculopathy. She was diagnosed with lumbar disc disease with radiculopathy and intermittent right sciatica. Treatment included neuropathic medications, physical therapy, epidural steroid injection, pain medications, anti-anxiety drugs, proton pump inhibitor and work restrictions. Currently, the injured worker complained of persistent chronic low back pain radiculopathy down her right leg. The treatment plan that was requested for authorization included a prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines allow for the careful use of opioids if they result in meaningful pain relief, functional support and there is a lack of drug related aberrant behaviors. This individual meets these Guideline criteria. It is clearly documented that significant pain relief is experienced. There is support and improvements in ability to meet ADL's. There is no evidence of misuse. The documentation of functional support is not ideal per Guideline recommendations, but the amount of opioid use is fairly limited and the standards of documentation should not be as extensive with the limited use vs. high dose use. Under these circumstances, the Norco 10/325 #90 is supported by Guidelines and is medically necessary.