

<b>Case Number:</b>	CM15-0012999		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 27 year old male with an industrial injury dated October 31, 2012. The injured worker diagnosis was lumbar sprain and strain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, consultations and periodic follow up visits. According to the qualified medical examination report dated 12/11/14, physical exam revealed antalgic gait. Straight leg raising was positive with pain radiating to the lumbar spine. Hip range of motion was limited by back pain. The pain was noted to be greater on the left side than on the right side. Muscle strength testing of the lower extremities was within lower extremities. The qualified medical examiner impression was chronic pain due to trauma, depression, pain disorder to psychological factors, spondylosis lumbar spine without myelopathy, herniated nucleus pulposus lumbar spine, degeneration lumbar disc, low back pain, radiculopathy lumbosacral, myalgia/myositis myofascial pain, sprain of unspecified side of back and chronic pain syndrome. The treating physician prescribed Norco 5/325 one tab every 6 hours as needed for severe pain, #45. Utilization Review determination on December 31, 2014 modified the request to Norco 5/325 #25 for weaning, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 one tab every 6 hours as needed for severe pain, #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

**Decision rationale:** Guidelines recommend ongoing monitoring of patients on chronic opioids to include efficacy, side effects, signs of abuse, and change in functionality. In this case, there is no documentation of assessment for aberrant drug taking behavior nor is there documentation that the medication s are benefiting the patient in functionality. Without these elements of monitoring, the guidelines do not recommend continued opioid therapy and would recommend weaning and discontinuing this medication. Thus the request for Norco 5/325 mg #45 is not medically necessary and appropriate.