

<b>Case Number:</b>	CM15-0019197		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66-year-old female who reported an injury on 02/18/2009. The mechanism of injury was not stated. The current diagnoses include lumbar spine sprain, cervical spine sprain, bilateral lower extremity radiculitis and cervical disc bulge with spinal stenosis. The injured worker presented, on 01/22/2015, for a follow-up evaluation with complaints of 5/10 cervical spine pain with radicular symptoms and 7/10 low back pain with radicular symptoms in the bilateral lower extremities. The injured worker reported an improvement in symptoms with the use of Norco. Upon examination, there was mild distress noted with an antalgic gait and difficulty rising from a seated position. Recommendations included a refill of Norco 7.5/325 mg, as well as an MRI of the cervical and lumbar spine. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement despite the ongoing use of this medication. There is also no frequency listed in the request. There was no written consent or agreement for chronic use of an opioid. Given the above, the request is not medically appropriate at this time.