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| <b>Case Number:</b>   | CM15-0131200 |                              |            |
| <b>Date Assigned:</b> | 07/17/2015   | <b>Date of Injury:</b>       | 11/18/2013 |
| <b>Decision Date:</b> | 08/21/2015   | <b>UR Denial Date:</b>       | 06/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2015 |

### 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: Arizona, Michigan

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 44-year-old male, who sustained an industrial injury on 11/18/2013 when he reported injuring his lower back. The injured worker is currently off work. The injured worker is currently diagnosed as having lumbar spine sprain/strain with right lower extremity radiculopathy, right knee sprain/strain, and sleep disturbance. Treatment and diagnostics to date has included lumbar spine MRI which showed disc bulging and disc protrusion, nerve conduction velocity studies of the lower extremities, which showed evidence of peripheral neuropathy of the bilateral lateral plantar and right medial plantar motor nerves, physical therapy, use of IF (interferential) unit, chiropractic treatment, acupuncture, lumbosacral epidural steroid injection, and medications. In a progress note dated 05/13/2015, the injured worker presented with complaints of low back pain, right lower extremity pain with numbness and tingling, and erectile dysfunction. Objective findings include lumbar tenderness to palpation, mild atrophy to right leg, tenderness over medial knee joint, and positive McMurray's test. The treating physician reported requesting authorization for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 29, 76 - 80, 111 - 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), as well as the US National Institutes of Health (NIH) Library of Medicine (NLM) PubMed, 2014 ([www.ncbi.nlm.nih.gov/pubmed/](http://www.ncbi.nlm.nih.gov/pubmed/)).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines discourage long-term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Norco is not medically necessary.