

<b>Case Number:</b>	CM15-0136036		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female, who sustained an industrial injury on December 12, 2006. The injured worker was diagnosed as having lumbar discopathy with disc displacement, lumbar radiculopathy, right sacroiliac arthropathy, and status post lumbar fusion. Treatments and evaluations to date have included MRI, CT scan, lumbar fusions, and medication. Currently, the injured worker complains of residual pain over the right sacroiliac joint with swelling status post two lumbar fusions. The Primary Treating Physician's report dated June 19, 2015, noted the injured worker reported falling when coming out of the shower, aggravating her back pain. The injured worker reported taking her medications for symptomatic relief of pain, however the medication did not completely alleviate the pain but rather makes her pain at least tolerable. The injured worker's medications included Nalfon, Paxil, Prilosec, Ultram ER, Morphine Sulfate, and Norco. Physical examination was noted to show tenderness to palpation over the right sacroiliac joint with muscle spasms, decreased lumbar spine range of motion (ROM) secondary to pain and stiffness, and positive Fabere's and Patrick's tests. Straight leg raise was noted to be positive at 20 degrees in the bilateral lower extremities, with diminished sensation to light touch and pinprick at the right S1 dermatomal distribution. The treatment plan was noted to include instructions to the injured worker to continue to take her medications and apply the compound creams to the affected areas for symptomatic pain relief, with prescriptions for Nalfon, Paxil, Prilosec, Ultram ER, Morphine Sulfate, Norco, and Soma, a request for a MRI scan of the brain to verify if the injured worker suffered a mild stroke as reported from her emergency room visit several months previously, a request for continued referral for pain management, a request for x-rays of the lumbar spine, and a request for authorization for urine toxicology testing in 60 to 90 days. The injured worker was instructed to remain off work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg every 4 hours as needed, #140:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any specific functional improvement. It merely states that the medications help "some". It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support the request of ongoing opioid therapy with Norco and is not medically necessary.