

<b>Case Number:</b>	CM15-0138962		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 52 year old male with an industrial injury dated 09/18/2014. The injury is documented as occurring while he was pulling on straps, he fell backward and landed on his back and head. His diagnoses included lumbar disc herniation with radiculopathy and medication induced gastritis. Comorbid condition was hypertension. Prior treatment included physical therapy, diagnostics and medications. He presents on 06/11/2015 with complaints of pain in the low back region radiating down the right lower extremity. He describes 70% back pain and 30% leg pain. Any activities such as bending and twisting make his pain worse. He has difficulty sleeping at night. Physical examination of the lumbar spine revealed decreased range of motion with posterior lumbar musculature tenderness and trigger points. Sensory exam with Wartenberg pinprick wheel was decreased along the lateral calf and dorsum of the foot on the right. Treatment plan included epidural injections, four trigger point injections (given in office) and medications. The treatment request is for Norco 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, ongoing opioid therapy with Norco is not medically necessary.