

<b>Case Number:</b>	CM15-0140792		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	04/22/2002
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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

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 59 year old male who sustained an industrial injury on 4-22-2002. The mechanism of injury is not documented. He has reported lumbar spine pain and has been diagnosed with sprain strain lumbosacral, displaced lumbar intervertebral disc, spinal stenosis, and unspecified thoracic lumbar neuritis radiculopathy. Treatment has included medical imaging, medications, heat, use of a body cast, use of a walker, TENS, and activity modification. There was a midline scar with a near neutral lordosis, and a slight shift to the right. There was severe tenderness at the pelvic brim and mid spine on the left, with moderate tenderness on the right. There was bilateral sciatic notch tenderness, being greater on the left than on the right. There were moderate spasms of the left paravertebral musculature. Extension and rotation to the right caused moderate discomfort on the right and when done to the left it caused slight discomfort in the left junction. The treatment plan included a body jacket, cane, gentle stretching, medications, TENS, and follow up. The treatment request included Norco 10-325 mg # 180 for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty: 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

**Decision rationale:** The requested Norco 10/325mg Qty: 180, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lumbar spine pain. The treating physician has documented bilateral sciatic notch tenderness, being greater on the left than on the right. There were moderate spasms of the left paravertebral musculature. Extension and rotation to the right caused moderate discomfort on the right and when done to the left it caused slight discomfort in the left junction. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg Qty: 180 is not medically necessary.