

<b>Case Number:</b>	CM15-0148188		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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, Hawaii

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 65 year old female who sustained an industrial/work injury on 10-29-12. She reported an initial complaint of upper-lower back pain. The injured worker was diagnosed as having lumbago, lumbar strain-sprain, thoracic or lumbosacral neuritis or radiculitis, unspecified radicular syndrome of the lower limbs, and left knee or leg not otherwise specified strain-sprain. Treatment to date includes medication, injections, and diagnostics. MRI results were reported on 11-14-14. Currently, the injured worker complained of knee pain and rated 6-7 out of 10 without medication and 4 out of 10 with medication. Per the primary physician's report (PR-2) on 1-28-15, exam notes no spinous process tenderness of the lumbar spine, there is paraspinal muscle tenderness in the lumbar spine musculature without tight muscle band palpated, decreased flexion, extension, lateral bending, and negative straight leg raise, patellar reflexes on the right side is 1 out of 4, Waddell's signs are not present. The requested treatments include Norco 5-325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg quantity 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** The patient presents with pain affecting the lumbar spine. The current request is for Norco 5/325 mg quantity 60. The treating physician states in the report dated 7/6/15, 1 Norco 5-325 MG Take 1 tablet twice day as needed QTY: 60. (62B) the treating physician also documents that the patient rates their pain as a 7/10 without medication and a 4/10 with medications. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.