

<b>Case Number:</b>	CM15-0149575		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	06/01/2008
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Pennsylvania, Ohio, California  
 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 56 year old, male who sustained a work related injury on 6-1-08. The diagnoses have included herniated lumbar disc with radiculitis, herniated cervical pulposus, left lateral epicondylitis, right and left carpal tunnel syndrome, status post left shoulder surgery, and symptoms of anxiety, depression and insomnia. Treatments have included oral medications. In the PR-2 dated 5-20-15, the injured worker reports pain in his lower back with radicular symptoms into both legs. He states symptoms are made worse with prolonged sitting, standing and walking. Coughing and sneezing increases the pain. He states symptoms are made worse with lifting. He reports pain in his neck with radicular symptoms into both arms. Symptoms are made worse with lifting. He reports trouble sleeping. On physical exam, he has tightness and spasm in the lumbar paraspinal muscles noted bilaterally. Lumbar spine range of motion is flexion to 55 degrees, lateral bending to 25 degrees, and left to 20 degrees. Straight leg raises are 75 degrees on the right and 85 degrees on the left. Cervical spine range of motion is forward flexion to 50 degrees, extension to 50 degrees, rotation right to 65 degrees, rotation to the left 65 degrees and lateral bending to right 30 degrees and left to 30 degrees. Foraminal compression test is positive. He is not working. The treatment plan includes a refill of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 every 6 hours #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78, 89.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.