

<b>Case Number:</b>	CM15-0163965		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 45-year-old female sustained an industrial injury to the lumbar spine on 10-13-08. Previous treatment included injections, home exercise and medications. Magnetic resonance imaging lumbar spine (undated) showed decreased signal intensity consistent with degenerative changes, loss of disc height and signs of disc desiccation at L5-S1. In a doctor's first report of occupational injury dated 5-4-15, the injured worker complained of pain in the lumbar spine, right hip and groin. Or treatment of the lumbar spine, the physician recommended returning to light duty at work, continuing current The injured worker had been denied Norco. The injured worker stated that she was getting depressed because of her situation. Physical exam was remarkable for lumbar spine with tenderness to palpation to the lumbar spine with muscle spasms and decreased and painful range of motion and right hip with tenderness to palpation, limited range of motion in external and internal rotation with pain and full range of motion in extension. Current diagnoses included lumbar spine sprain and strain, right sciatica, lumbar spine spondylosis and right hip degenerative joint disease. The physician offered Tramadol as an alternative to Norco. The injured worker stated that Norco provided functional relief and that she had previous bad experiences with Tramadol. The treatment plan included appealing the denial 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 QTY: 180: Upheld**

**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): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 10-13-08. The medical records provided indicate the diagnosis of lumbar spine sprain and strain, right sciatica, lumbar spine spondylosis and right hip degenerative joint disease. Treatments have included home exercise and medications. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg QTY: 180. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids for the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Furthermore, the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 07/2014, but with no overall improvement. This request is not medically necessary.