

<b>Case Number:</b>	CM15-0166726		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/16/2009
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 (n) 37 year old male, who sustained an industrial injury on 6-16-09. He reported pain in his right flank and back after falling into a tire rack. The injured worker was diagnosed as having degenerative disc of lumbosacral spine, lumbar radiculopathy, chronic myofascial sprain of lumbosacral spine and cervical degenerative disc disease. Treatment to date has included physical therapy, chiropractic treatments, psychiatric treatments, Nortriptyline and Norco (since at least 1-30-15). A review of records from 1-30-15 through 4-24-15 indicated that the injured worker rated his pain an 8-9 out of 10 without medications and a 3-4 out of 10 with medication. As of the PR2 dated 7-31-15, the injured worker reports pain in his neck and lower back that radiates to the right lower extremity. He rates his pain a 5-6 out of 10 currently, an 8-9 out of 10 without medications and 3 out of 10 with medication. Objective findings include painful range of motion in the cervical and lumbar spine and a negative straight leg raise test. The treating physician requested Norco 10-325mg #45 and an outpatient consultation to a spine specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Norco 10/325mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term use of Opiates.

**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 Purchase of Norco 10/325mg #45 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 pain in his neck and lower back that radiates to the right lower extremity. He rates his pain a 5-6 out of 10 currently, an 8-9 out of 10 without medications and 3 out of 10 with medication. Objective findings include painful range of motion in the cervical and lumbar spine and a negative straight leg raise test. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and 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, Purchase of Norco 10/325mg #45 is not medically necessary.

**Outpatient consultation to spine specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, page 1, Part 1: Introduction.

**Decision rationale:** The requested Outpatient consultation to spine specialist is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain in his neck and lower back that radiates to the right lower extremity. He rates his pain a 5-6 out of 10 currently, an 8-9 out of 10 without medications and 3 out of 10 with medication. Objective findings include painful range of motion in the cervical and lumbar spine and a negative straight leg raise test. The treating physician has not documented evidence that the injured worker is currently a surgical candidate. The criteria noted above not having been met, Outpatient consultation to spine specialist is not medically necessary.