

<b>Case Number:</b>	CM15-0188266		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 53-year-old female, with a reported date of injury of 05-01-2014. The diagnoses include sciatica, lumbar radiculopathy, contusion of the buttock, concussion with loss of consciousness, medial collateral knee ligament strain, and depression. Treatments and evaluation to date have included Hydrocodone-Acetaminophen (Norco) (since at least 03-2015), Lidoderm patch, Gabapentin, and Ibuprofen. The diagnostic studies to date have not been included in the medical records. The medical report dated 09-14-2015 indicates that the injured worker presented with right hip pain and requested a refill for Norco and Gabapentin. The pain radiated to the thigh, knee, calf, and low back. It was noted that an MRI of the lumbar spine showed L5-S1 right-sided foraminal stenosis due to bulging disc and facet hypertrophy and electrodiagnostic studies showed no sign of nerve impingement. The injured worker stated that her symptoms have gotten worse since the last office visit, and rated her pain level 7 out of 10. On 05-28-2015, the injured worker rated her right hip pain 5 out of 10. The objective findings (09-14-2015) include moderate pain, a mildly antalgic gait, and a tearful mood. The treatment plan included a refill of Hydrocodone-Acetaminophen (Norco), one tablet every 4-6 hours as needed. It was noted that the injured worker was unable to return to work. The treating physician requested Norco 5-325mg #120. On 09-22-2015, Utilization Review (UR) modified the request for Norco 5-325mg #120 to Norco 5-325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/14/15. Therefore the request is not medically necessary.