

<b>Case Number:</b>	CM15-0022671		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	05/20/1998
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 37-year-old female who reported an injury on 05/20/1998 due to a lifting injury. On 01/26/2015, she presented for a follow-up evaluation regarding her work related injury. It was noted that she was having a flare up in her low back symptoms that were significantly affecting her ability to perform activities of daily living. She rated this pain at a 7/10. Objective findings showed lumbar flexion was within normal limits, extension was 9/25, right lateral bending was 11/25, and left lateral bending was 13/25. Kemp's test was positive bilaterally and the straight leg raise was positive on the right at 40 degrees and on the left at 30 degrees. She was diagnosed with lumbar disc displacement, lumbar sprain and strain, thoracic sprain, sacroiliac sprain and strain, and lumbar spinal stenosis. The treatment plan was for Norco 10/325 mg. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, On-Going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not indicate that the injured worker is having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, official urine drug screens and CURES reports were not provided for review to validate her compliance with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.