

<b>Case Number:</b>	CM15-0213082		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	03/16/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 54 year old female, who sustained an industrial injury on 03-16-2015. A review of the medical records indicates that the worker is undergoing treatment for chronic musculoligamentous strain of the lumbar spine with left lower radiculitis, lumbar disc disease at L4-L5 and L5-S1 and L5-S1 spondylolisthesis. Subjective complaints (06-09-2015, 07-24-2015 and 08-18-2015) included low back and left leg pain. On 06-09-2015 the worker reported 25% improvement from lumbar epidural after about 2 weeks with persistent radiating pain to the left leg from gluteal region. On 06-09-2015 objective findings showed left gluteal soreness and diminished sensation in the left lateral and plantar forefoot. On 07-24-2015 the worker reported feeling much improved after recent S1 transforaminal block and to be using 50% less Norco for pain control. Objective findings on 07-24-2015 showed soreness to the left gluteal and sciatic notch and slightly diminished sensation to plantar forefoot and lateral calf. On 08-18-2015 the worker was noted to be using Norco 10-325 mg at least twice daily and was noted to be much improved after 2nd epidural injection. The degree of pain was not quantified and pain ratings before and after the use of Norco were not provided. There was no documentation of average pain or urine drug screen to verify appropriate medication use. Objective findings (08-18-2015) included left sacroiliac and gluteal pain and diminished sensation to left lateral calf and dorsal left foot. There was no documentation of objective functional improvement with use of Norco. Treatment has included Norco, Neurontin and epidural injections. A utilization review dated 10-13-2015 non-certified a request for Norco 10-325 mg #60 (per 09-22-2015).

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #60 (per 09/22/15 order): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

**Decision rationale:** The claimant is a 54 year-old female with date of injury of 3/16/2015 being treated for chronic low back pain. CA MTUS Guidelines state that opioids should be used at the lowest dose for the shortest time period. Pain relief and functional improvement should be documented for case of ongoing use of opioids. In this case, there is inadequate monitoring of pain scores and urine drug testing to verify medication usage and functional benefit. There is no indication as to why a non-opioid or first-line agent (antidepressant, anticonvulsant) would not be preferred over an opioid. There is also no evidence at an attempt at weaning from the Norco. Therefore, based upon the above findings, the request is not medically necessary or appropriate.