

<b>Case Number:</b>	CM15-0036598		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old female who reported an injury on 01/07/2005. The mechanism of injury was not stated. The current diagnoses include lumbar radiculitis, failed back surgery syndrome, and status post lumbar fusion. On 11/13/2014, the injured worker presented for a follow-up evaluation with complaints of 6/10 low back pain. The injured worker also reported difficulty sleeping. Upon examination, there was decreased range of motion of the lumbar spine with a negative straight leg raise. Recommendations included a refill of the current medication regimen and instructions in weight loss, home exercise, and ice therapy. The injured worker was also instructed to continue with TENS therapy. A Request for Authorization form was then submitted on 11/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a significant functional improvement as a result of the ongoing use of this medication. The injured worker has utilized Norco 10/325 mg since at least 09/2014. There was no mention of a failure of nonopioid analgesics. The request as submitted also failed to indicate a frequency or quantity. Given the above, the request is not medically appropriate.