

<b>Case Number:</b>	CM15-0040638		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old male who reported an injury on 03/13/2002. The mechanism of injury was not stated. The current diagnoses include lumbar disc herniation, lumbar radiculopathy, and bilateral carpal tunnel syndrome. The injured worker presented on 01/16/2015 for a follow-up evaluation with complaints of persistent pain. Upon examination, there were diminished reflexes, a limping gait, and positive straight leg raise. Recommendations included continuation of Norco and Elavil. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #180:** Upheld

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

**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 non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no evidence of objective functional improvement despite the ongoing use of this medication. The injured worker has utilized the above medication since at least 10/2014. There is also no evidence of a written consent or agreement for chronic use of an opioid. Recent urine toxicology reports were not submitted. There is also no frequency listed in the request. Therefore, the request is not medically necessary.