

<b>Case Number:</b>	CM15-0042703		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	04/27/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 61 year old female, who sustained an industrial injury on April 27, 2011. She reported an injury to her low back when lifting a truck tire at work. The injured worker was diagnosed as having L5 compression fracture at the time of injury and has current diagnoses of lumbosacral spondylosis without myelopathy, pathologic fracture of vertebrae, senile osteoporosis, and chronic pain. Treatment to date has included vertebroplasty, lumbar facet nerve blocks which provided pain relief for two hours and physical therapy. On May 30, 2014, she underwent right L3, L4 and L5 posterior ramus medial branch facet nerve radiofrequency ablation under fluoroscopy and she continues to receive benefit from the procedure. On February 24, 2014 she had radiofrequency lesioning to the left L3, L4, and L5 and stated that her left side pain reduced by 10%. On December 16, 2013, she had medial branch block of lumbar left and right L3, L4 and L5. Currently, the injured worker complains of low back pain and stiffness which has been increasing over the previous two months. She reports the symptoms are moderate in intensity and are worse on the left side than on the right. She reports that her current medication regimen is stable and provides adequate and good pain relief. The medications increase functionality and quality of life. She rates her pain a 3 to 7 on a 10-point scale. Her treatment plan includes continuation of Norco and other medications, continued daily home functional exercise, repeat radiofrequency lesioning of medial branches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2011. The medical course has included numerous treatment modalities including lumbar facet blocks and use of several medications including narcotics and NSAIDs. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits fail to document any significant improvement in pain, functional status, or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.