

<b>Case Number:</b>	CM15-0054776		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 38-year-old female who reported an injury on 06/27/2013. The mechanism of injury was not specifically stated. The current diagnoses include bilateral sacroiliitis, lumbar facet pain, low back pain, and left shoulder pain. The injured worker presented on 02/20/2015 for a follow-up evaluation with complaints of persistent low back and lower extremity pain rated 8/10. It was noted that the injured worker was unable to utilize anti-inflammatory medications secondary to ulcers. The injured worker had also tried and failed treatment with gabapentin. Upon examination, there was tenderness and spasm noted in the lumbar paraspinal muscles, stiffness, facet tenderness bilaterally, and limited mobility secondary to pain and spasm. The injured worker was issued a prescription for Norco 10/325 mg to be taken every 8 hours on an as needed basis for breakthrough pain. 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 10/325mg, per 02/20/15 order quantity: 120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91, 78-80, 124.

**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 is documentation of a failure of treatment with NSAIDs and gabapentin. However, there is no documentation of a written consent or agreement for chronic use of an opioid. Previous urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

**Refill of Norco 10/325mg, per 02/20/15 order quantity: 120.00: Upheld**

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