Case Number:	CM15-0083115		
Date Assigned:	05/05/2015	**Date of Injury:**	04/11/2006
Decision Date:	06/08/2015	**UR Denial Date:**	04/21/2015
Priority:	Standard	**Application Received:**	04/30/2015

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
Certification(s)/Specialty: Emergency 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 45 year old female, who sustained an industrial injury on April 11, 2006. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbar herniated nucleus pulposus with lateral recess stenosis, lumbar radicular symptoms and narcotic tolerance and dependency. Treatment to date has included medications, radiological studies, trigger point injections and an epidural steroid injection. Current documentation dated March 31, 2015 notes that the injured worker reported significant low back pain with spasms. Examination of the lumbar spine revealed tenderness, a significant amount of spasms and a painful and decreased range of motion. A straight leg raise test was positive, left greater than the right. Motor and sensory examinations were noted to be normal. Documentation dated April 14, 2015 notes that the injured worker had continued low back pain rated a three out of ten on the visual analogue scale with medications. The injured worker also was noted to have left leg radicular symptoms. The treating physician's plan of care included a request for the medication Norco 10/325 mg # 120 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco 10/325 MG #120 with 3 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has significant low back pain with spasms. The treating physician has documented a significant amount of spasms and a painful and decreased range of motion. A straight leg raise test was positive, left greater than the right. Motor and sensory examinations were noted to be normal. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 MG #120 with 3 Refills is not medically necessary.