

<b>Case Number:</b>	CM14-0122879		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43-year-old man with a date of injury of February 14, 2013. He sustained an injury to his lumbar spine while working as a landscaper/maintenance man. This occurred as a result of falling down 10 stairs landing on a concrete floor. The IW (injured worker) underwent 8 sessions of physical therapy (PT) and medication. The submitted diagnosis for this request was lumbar strain, shoulder impingement syndrome and elbow strain. The primary treating physician is requesting PT 2 times a week for 6 weeks, and a renewal of Norco 10/325mg TID (3 times a day), #90. The request for Norco was noncertified on September 2013 and March 8, 2014 (requested #120). The IW has been on narcotics for greater than 12 months. Clinical assessment of the lumbar spine dated June 19, 2014 indicated ongoing complaints of slight increase in sharp back pain with frequent radiation to the right leg. The IW has difficulty arising from the sitting position. Right shoulder pain is 8-9/10. The exam revealed limited lumbar range of motion, positive straight leg raise on the right, and weakness in the right ankle. The impression included no documentation. The plan is to continue Norco, continue psych, and continue pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Long Term Use of Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Opiate use

**Decision rationale:** Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the Norco 10/325mg, #90 with one refill is not medically necessary. The guidelines stipulate the documentation requirements for long-term use of opiates. The medical documentation takes into account prior opiate use, prior Norco prescriptions, current complaints and the current physical examination. In this case, the injured worker has been on opiates (Norco) for greater than 12 months and there is no documentation of objective functional improvement quantitative improvement. There is no documentation of any alternative non-opiate medication failure or intolerance to non-opiate medication. There are no "pain assessments" in the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 10/325mg, #90 with one refill is not medically necessary.