

<b>Case Number:</b>	CM14-0139191		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/03/2000
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 38 year old male who reported an injury on 10/13/2000. The mechanism of injury was a slip and fall. His diagnoses included failed low back syndrome, status post lumbar surgery times 3, facet pain, bilateral lower extremity cramping, and depression. It was noted he had physical therapy, aquatic therapy, an epidural steroid injection in 2009, and nerve root blocks in 2012 with no benefit noted. He had several lumbar X-rays, a computed tomography scan of the lumbar spine, and an MRI of the lumbar spine. He had a fusion in 2001 and 2007 and a discectomy. On 07/18/2014 the injured worker complained of increased pain at the L5-S1 level, which he rated it at 8/10. Physical findings included limited range of motion, no weakness or atrophy noted in the lower extremities, and sensation was diminished in the lower extremities. His medications included Carisoprodol, Norco, Xanax, and Naproxen. His last urine drug was noted to be in 2012. The treatment plan was for Norco 10/325mg #90. The rationale for request was the medication would be used for breakthrough pain. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-78.

**Decision rationale:** Based on the clinical information submitted for review, the request for Norco 10/325mg #90 is not medically necessary. As stated in California MTUS Guidelines, opioids are seen as an effective method in controlling chronic pain and are often used for breakthrough pain. For continued use, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker reported slipping and falling at work. He is status post lumbar surgery x3. In the past it was noted he attended physical therapy, aquatic therapy, and had an epidural steroid injection. He reported a pain level of 8/10 for his lower back. The guidelines indicate that there should be monitoring of appropriate medication use, but the last urine drug screen was from 2012, which it would be required to obtain a recent urine drug screen with results. Also, the guidelines recommend ongoing review and documentation of pain relief; however the pain assessment was very vague and did not specify how long he has pain relief for, what his pain level is before and after he takes his medication, and what his baseline is. Although it was noted that the Norco allows him to perform some activities of daily living. Furthermore, the request failed to specify how frequent the injured worker will be taking the medication. As such, the request for Norco 10/325mg #90 is not medically necessary.