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| <b>Case Number:</b>   | CM14-0142433 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 08/26/2010 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2014 |

### 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 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 39-year-old male who reported an injury on 08/26/2010 due to an unknown mechanism. Diagnoses were acquired spondylolisthesis, lumbar radiculitis, and lumbosacral spondylosis. Past treatments were medications, physical therapy, chiropractic sessions, acupuncture, and injections. Past surgical history was L5-S1 anterior discectomy and fusion, L4-5 and L5-S1 posterior decompression and fusion on 01/21/2014. Physical examination on 06/09/2014 revealed inspection and palpation of the lumbar spine was within normal limits, there was no erythema, swelling, deformity, or tenderness. Medications were Naprosyn 500 mg, cyclobenzaprine 7.5 mg, Norco 10mg, tramadol ER 150 mg, and Prilosec 20 mg. The rationale was not submitted. The Request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The decision for 120 Norco 10/325mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The efficacy of this medication was not reported. The injured worker did not report pain on the VAS pain scale. The request does not indicate a frequency for the medication. The 4 A's for ongoing management were not documented. Therefore, request for 120 Norco 10/325 is not medically necessary.