

<b>Case Number:</b>	CM14-0081882		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/15/2001
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 73-year-old male who reported an injury on 08/15/2001 due to an unspecified mechanism of injury. The injured worker complained of lower back pain and leg pain. The diagnoses included lumbar radiculitis, lumbar degenerative disc disease, lower back pain, lumbar spinal stenosis, and chronic pain syndrome. The MRI of the lower back dated 12/03/2011 revealed multilevel degenerative disc disease with facet arthropathy throughout the spinal stenosis, and endplate osteophytes caused severe narrowing of the left L5-S1 neural foramen with compression of the left L5 nerve root. Moderate narrowing of the neural foramina at the left L4-5 and right L3-4 and focal right foraminal disc protrusion at the L2-3 without nerve root compression, a left sided posterior annular defect was present at that level. The past treatments included multiple epidural steroid injections over several years' time. The medications included Norco 10/325 mg, Lidoderm 5% patch, Flexeril 10 mg, and Terocin. The injured worker reported his pain at 9/10 without medication and a 4/10 with medication using the VAS. The objective findings dated 04/21/2014 of the lumbar spine revealed a 5/5 right lower extremity strength and a 5/5 left lower extremity strength. The sensation was reduced in the right L5 dermatome. No clonus or increased tone. Sciatic notches were painful to palpation bilaterally. Sacroiliac joints were tender bilaterally. Patrick's and Gaenslen's tests were negative bilaterally. Tenderness over the lumbar paraspinal was noted. The trunk was upright and aligned, with continued right trunk shortening, appreciated with forward flexed position with trigger point tenderness at the L5-S1 bilaterally and pain with lumbar flexion and extension. The straight leg raise was positive on the right and negative on the left. Deep tendon reflexes were diminished, +1 bilaterally. The treatment plan included 4 injections to the lower back, and medication regimen. The Request for Authorization dated 07/18/2014 was submitted with documentation. The rationale for the Norco was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

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

**Decision rationale:** The request for Norco 10/325mg #180 is not medically necessary. The California MTUS 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 guidelines do not recommend opioids for first line treatment or for long term use. The documentation indicated that the injured worker was to be tapered off the Norco. The request did not address the frequency. As such the request is not medically necessary.