

<b>Case Number:</b>	CM14-0092425		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/11/2002
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 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 56-year-old female who reported an injury on 07/11/2002. The mechanism of injury was not provided. On 05/02/2014, the injured worker had complaints of low back pain that radiated to the bilateral legs with limited range of motion. Upon examination, the injured worker was in mild distress, had difficulty standing from a seated position due to pain, and had a limp favoring the right lower extremity. There was tenderness to the lumbar spine paravertebral muscles, greater right than left, and right sciatic notch and right knee at the joint line. There was a positive straight leg raise bilaterally, and limited range of motion due to pain. There was diminished sensation to the right foot and weakness to the right foot and ankle at 4/5. Prior therapy included a fusion with hardware removal, a psychiatric evaluation, chiropractic care, and physiotherapy. Current medications included hydrocodone, Norco, and Soma. The provider recommended Norco 10/325 mg 3 times a day for pain. The Request for Authorization form was dated 04/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90, take 1 tab 2-3 times a day for pain + refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use and Ongoing management. Decision based on Non-MTUS Citation Passik, 2000; California, 1994; Washington, 2002.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior, and side effects. The efficacy of the prior use of the medication was not provided. There was no documented pain relief or objective functional benefit with the use of the medication. A previous review allowed a supply of this medication to be weaned. As such, the request is not medically necessary.