

<b>Case Number:</b>	CM14-0218748		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	08/03/2006
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 69-year-old female who reported injury on 08/03/2006. Mechanism of injury was not submitted for review. The injured worker had diagnoses of chronic pain due to injury, depressive disorder, back problem, low back pain, myositis, thoracic radiculitis, chronic pain syndrome, inflammation of the SI joint, spasm, spinal muscular atrophy and spinal stenosis of the lumbar spine. Past medical treatments consist of spinal cord stimulator, epidural steroid injections and medication therapy. Medications include trazodone 100 mg, Norco 10/325 and Voltaren 1% topical gel. On 11/24/2014, the injured worker underwent a UA, which indicated that she was compliant with prescription medications. On 12/05/2014, the injured worker complained of back pain. The injured worker described the pain as an ache. It was noted that the injured worker rated the pain at a 9/10 without medications and a 6/10 with medications. In the last month, on average, the injured worker rated the intensity of the pain at a 9/10. Physical examination of the lumbar spine revealed muscle tone was normal. There was no sign of spasm. There was mild tenderness. There was pain over the facet joints, worse than loading maneuvers. Patrick's test was negative bilaterally. There was a right flexion of 10 degrees, left flexion of 10 degrees, right rotation of 30 degrees and left rotation of 30 degrees. Neurovascular examination, including reflexes, sensation and pulses, were within normal limits. Medical treatment consists of the injured worker continuing with medication therapy. There was no rationale or Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg-325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management, Opioids, dosing. Page(s): 60,78,86.

**Decision rationale:** The request for Norco 10mg-325mg is not medically necessary. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The submitted documentation indicated that the injured worker had pain relief with the use of medication; however, it was not specified whether it was due to the Norco. A UA, submitted on 11/24/2014, indicated that the injured worker was compliant with prescription medications. It was also noted that functional level of improvement was up 7 points. However, the request as submitted did not specify a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.