

<b>Case Number:</b>	CM15-0005030		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 63-year-old male who reported an injury on 08/03/2011. The mechanism of injury was lifting. His diagnoses include low back pain, abdominal pain, lumbar degenerative disc disease, sciatica and lumbar herniated nucleus pulposus. His past treatments have included physical therapy, home exercise and medications. A urine drug screen, on 05/05/2014, revealed evidence of hydrocodone, consistent with the injured worker's medications. At his followup visit, on 12/10/2014, the injured worker reported lower lumbar spine pain with numbness down the left lower extremity, rated 8/10. It was noted he requested refill on his medications, indicating that he was taking 2 Norco per day, which provided him temporary, symptomatic relief. Physical examination revealed tenderness to palpation and decreased range of motion. A recommendation was made for a refill of Norco 10/325 mg every 8 hours as needed. A specific rationale for the request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #52:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term user of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing opioid medication use should be based on documentation regarding pain relief, functional improvement, adverse side effects and aberrant drug taking behaviors. The clinical information submitted for review indicated that the injured worker has been using Norco since at least 12/10/2012. He did have consistent results on a urine drug screen within the last year. It was noted that he reported temporary, symptomatic relief with use of Norco. However, detailed documentation regarding this relief was not provided, to include his pain scores with and without medications, to verify adequate pain relief. There was also no documentation of functional improvement with use of this medication. Therefore, ongoing use is not supported by the evidence based guidelines. Moreover, the request as submitted failed to indicate a frequency. For the reasons noted above, the request is not medically necessary.