

<b>Case Number:</b>	CM15-0109023		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	12/03/2011
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 25 year old female, who sustained an industrial injury on 12/03/2011. Diagnoses include Lumbar facet arthropathy, lumbar facet pain, retrolisthesis, lumbar disc protrusion, and lumbar strain/sprain. Treatments to date include medications management, acupuncture, injections and physical therapy. Currently, she complained of bilateral low back pain with radiation to left greater than right lower extremity pain. Medications were documented to provide 80% improvement in pain and 80% improvement in functional ability to complete activities of daily life. On 5/7/15, the physical examination documented tenderness over L4-5 and L5-S1 bilaterally. Lumbar discogenic provocative maneuvers were positive. The plan of care included Norco 10/325mg #90 with three refills. The medications listed are Norco and Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 90 with three refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91;78-80; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-97, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non opioid co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse drug interactions with other sedatives. The records did not show documentation of guidelines mandated compliance monitoring with serial UDS, CURES data reports, absence of aberrant behavior and functional restoration. The guidelines did not support the prescription of multiple refills of opioids because documentations of clinic re-evaluation to show compliance, functional restoration and continual requirement for opioid medications is required. The criteria for the use of Norco 10/325mg #90 with 3 Refills was not met. The request is not medically necessary.