

<b>Case Number:</b>	CM15-0014516		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/29/2003
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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, Arizona

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 64-year-old male who reported an injury on 09/23/2003. The mechanism of injury was not stated. The current diagnoses include status post foraminotomy at L4-S1, and history of diabetic neuropathy and diabetes. The injured worker presented on 12/17/2014 with worsening pain in the low back radiating into the left leg. The injured worker also reported intermittent back spasm. It was noted that the injured worker was actively participating in aquatic/physical therapy. The injured worker utilized Norco on an as needed basis, as well as Lyrica and ibuprofen. Upon examination of the lumbar spine, there was limited range of motion with 30 degrees flexion and 5 degrees extension, positive straight leg raising bilaterally at 80 degrees, sensory loss to light touch and pinprick in the left lateral calf and lateral aspect of the ankle, a slight limping gait, 1+ deep tendon reflexes bilaterally, and palpable muscle spasm. Recommendations included a refill of the current medication regimen of Norco 10/325 mg, ibuprofen 600 mg, and Lyrica. A Request for Authorization form was then submitted on 12/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized Norco 10/325 mg since at least 10/2014 without any evidence of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is no documentation of a failure of nonopioid analgesics. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.