

<b>Case Number:</b>	CM15-0114745		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 32-year-old female, who sustained an industrial injury on March 21, 2012. She reported neck pain, low back pain and bilateral lower extremity pain. The injured worker was diagnosed as having lumbar sprain/strain, lumbar disc protrusion, lumbar foraminal stenosis, rule out lumbar facet arthropathy, rule out left sacroiliac joint arthropathy, lumbar radiculopathy and myofascial pain. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, chiropractic care, lumbar epidural steroid injections, medications and work restrictions. Currently, the injured worker complains of neck pain, low back pain and bilateral; lower extremity pain after trying to load a heavy patient that fell while pretending to have a seizure. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on June 11, 2015, revealed continued pain as noted. The low back pain and lower extremity pain was noted to be persistent and varying in intensity. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg QTY: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 79-81, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Dilaudid  
Page(s): 50-80.

**Decision rationale:** According to the guidelines, Dilaudid is primarily use for refractory chronic pain. It is often delivered for intrathecal use. In this case, the claimant was on Dilaudid along with Norco, NSAIDs and muscle relaxants for several months. Pain scores were intermittently documented. Failure of Tricyclic or Tylenol was not noted. The claimant required invasive procedures despite the use of the medications indicating incomplete relief. No one opioid is superior to another and chronic and continued use of Dilaudid is not medically necessary.

**Norco 10/325mg QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 79-81, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco along with Dilaudid , NSAIDs and muscle relaxants for several months. Pain scores were intermittently documented. Failure of Tricyclic or Tylenol were not noted. The claimant requied invasive procedures despite the use of the medications indicating incomplete relief. No one opioid is superior to another and chronic and continued use of Norco is not medically necessary.