

<b>Case Number:</b>	CM15-0128173		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 68 year old female, who sustained an industrial injury on 10/28/08. The mechanism of injury is not documented. The injured worker was diagnosed as having lumbar facet hypertrophy, degenerative disc disease of the lumbar spine, right hip arthralgia, mechanical low back pain and sacroiliitis. Treatment to date has included oral medications including 15 sessions of physical therapy, 10 sessions of chiropractic therapy, 5 sessions of acupuncture, Norco 10/325mg, Tramadol 50mg, Flexeril 7.5mg and Ambien 5mg; topical Ketoprofen gel, right hip arthroscopy, lumbar epidural steroid injections and activity restrictions. X-rays of lumbosacral spine and right hip on 1/28/15 revealed no changes from prior films. Currently on 4/28/15, the injured worker complains of unchanged low back pain rated 5/10 with radiation of numbness and pain to right lower extremity to foot. Her disability is considered permanent and stationary. Physical exam performed on 4/28/15 revealed limited lumbar range of motion with right sided movements reproducing pain and tenderness to palpation of bilateral lumbar facets L4-5 and L5-S1 with positive facet loading. Diminished sensation of right L5 dermatome is noted. The treatment plan included prescriptions for Norco 10/325mg #120, Senna-S #120 and Ambien 5mg #60, sacroiliac injection and continuation of home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**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 opioids Page(s): 74-96.

**Decision rationale:** The CA MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There was no documentation of functional improvement as a result of use of Norco; there is no documentation of a urine drug screening or opioid pain agreement. Norco has been prescribed at least since 11/25/14. Work status is noted to be permanent and stationary. Subjective documentation notes Norco helps to decrease her pain by 55% and allows her to walk longer, therefore the request for Norco 10/325mg #120 is medically necessary.