

<b>Case Number:</b>	CM15-0063041		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58-year-old male, who sustained an industrial injury on 3/22/2011. Diagnoses include lumbar radiculopathy and spinal canal stenosis. Treatment to date has included diagnostics including computed tomography (CT) scan, electrodiagnostic testing and x-rays, surgical intervention (bilateral L4-5 hemilaminectomy dated 4/23/2014), medications, physical therapy and chiropractic. Per the most recent submitted Primary Treating Physician's Progress Report dated 2/19/2014, magnetic resonance imaging (MRI) results were reviewed. No subjective complaints are documented. Physical examination is described as "unchanged." Per the neurosurgical consultation dated 3/13/2014, he reported low back pain with right lower extremity pain. There was numbness with radiation from the bottom of the foot and up past the knee proximally. On the left side, he had some numbness of the foot and ankle. The plan of care included medications and authorization was requested for Norco 10/325mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 76-78.

**Decision rationale:** 30 Norco 10/325mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends if initiating opioids that the patient has failed non-opioid medication first. Additionally the MTUS recommends an updated signed pain contract; a clear treatment plan with goals according to function, a thorough pain and psychosocial assessment, and to consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The documentation does not indicate that Norco is being prescribed according to the MTUS Guidelines; therefore, this request is not medically necessary.