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| <b>Case Number:</b>   | CM15-0074813 |                              |            |
| <b>Date Assigned:</b> | 04/24/2015   | <b>Date of Injury:</b>       | 05/11/2011 |
| <b>Decision Date:</b> | 05/28/2015   | <b>UR Denial Date:</b>       | 04/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/20/2015 |

### 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 39 year old female, who sustained an industrial injury on 05/11/2011. On provider visit dated 02/25/2015 the injured worker has reported low back pain associated with numbness and tingling of the right lower extremity. The pain score was noted to be 5/10 on a scale of 0 to 10. On examination of the lumbar spine revealed bilateral paraspinal tenderness and muscle spasm, range of motion of the lumbar spine was decreased in all fields. The diagnoses have included multilevel neural foraminal narrowing, chronic left S1 radiculopathy and multiple herniated nucleus pulposus. Treatment to date has included acupuncture, physical therapy, injections and medications. The diagnostic tests completed were electromyogram/nerve conduction study and MRI. The injured worker was noted to not be currently taking any medication. The recommended plan was prescription for cyclobenzaprine, Norco 5/325 mg #60, PT and referral for psychiatry evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 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 the short term treatment of exacerbation of musculoskeletal pain when conservative treatments with NSAID and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative agents. The records indicate that the patient reported significant pain relief with PT and acupuncture treatments. There is no documentation of failure of treatment with NSAIDs and non opioid co-analgesics. The guidelines recommend that anticonvulsant and antidepressant medications with analgesic actions such as gabapentin and duloxetine be utilized in chronic pain patients with radiculopathy. The criteria for the use of Norco 5/325mg #60 was not met, the request is not medically necessary.