

<b>Case Number:</b>	CM14-0140650		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 32 year old male who fell from 10 feet after he was pushed by a piece of wood on 3/2/13. He was diagnosed with spondylolisthesis, lumbar degenerative disc disease, neuritis/radiculitis, and depression. A request was made for 60 tablets of Norco. The patient has received treatment in form of medications, work restrictions, rest, TENS unit, acupuncture, HEP, chiropractor therapy, physical therapy, and injections. The lumbar MRI by [REDACTED] on 5/14/13 showed spondylolisthesis, spondylosis, degenerative disc disease, and neural foraminal stenosis. An electrodiagnostic study was done on 7/25/14 which showed radiculopathy at the left L4 and bilateral L5 nerve roots. He presented on 8/12/14 with low back pain graded 6/10 on VAS. Patient claimed that medications have partially helped with his pain. Lumbar findings include a normal gait, limited ROM, and tenderness to palpation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Norco 10/325MG:** 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 Opioids.

**Decision rationale:** As per the California MTUS, ongoing management with opioids requires evidence of pain relief, functional gain, and appropriate medication use in the absence of side effects. The patient is having partial pain relief with the use of these medications; there are no medical records of the patient's functional status. Norco should not be used in this chronic pattern and therefore based on the California MTUS guidelines and medical records available; this request is not medically necessary.