

<b>Case Number:</b>	CM14-0147368		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 injured worker is a 29-year-old female who reported an injury on 08/15/2011 due to an unspecified mechanism of injury. The injured worker complained of lower back pain that radiated to bilateral lower extremities. The injured worker had diagnoses of lumbar facet arthropathy, sacroiliac joint dysfunction, and lumbar discogenic spine pain, failed back surgery syndrome and lumbar radiculopathy. The prior surgeries included a status post microdiscectomy on the L5-S1 disc and rule out dislocation of the hip pathology. The medications included MS-Contin 15 mg, Norco 10/325 mg, Valium 5 mg, Zofran, Prilosec, and Reglan. The injured worker rated her current pain an 8/10 with bad days being a 10/10 using the VAS. Past treatments not provided. The objective findings dated 08/29/2014 lumbosacral spine. Palpation to tenderness was normal. Midline scar into the lower lumbar area. Straight leg raise positive right at 45 degrees. Moderate tenderness over the S1 joint. Moderate to severe tenderness to the right lumbar facet joint. Range of motion limited to pain. Extension at 10 degrees produced pain to the lumbar spine. Lying straight leg rise positive to the left, sitting straight leg raise was positive to the left, Patrick's maneuver positive, and a positive Fabere test. The motor examination revealed a normal gait, normal posture without paraspinal muscle spasms. Strength in the lower extremities was within normal limits. Light touch was decreased to the right lower extremity. Deep tendon reflexes to the lower extremities were decreased but equal. The injured worker's mother was to take responsibility for the dispensing of the medication. The injured worker verbal understanding of benefits, possible side effects, and agreed to be compliant with drug usage. The treatment plan included Norco and a hospital bed. The Request for Authorization was not submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #28 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain Page(s): 24,79,80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg #28 with 3 refills is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalent per day. Per the clinical notes dated 08/29/2014, the injured worker rated her pain an 8/10 and the clinical notes dated 02/14/2014 the injured worker rated her pain an 8/10 indicating that the Norco did not have an efficacy on the injured worker. Her pain has remained at an 8 even after another opioid was added to her medication regimen. The request did not address the request. As such, the request is not medically necessary.