

<b>Case Number:</b>	CM14-0147596		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 & Rehabilitation and is licensed to practice in California. 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 48-year-old female who reported an injury on 12/08/2010. Mechanism of injury was not submitted for review. The injured worker has diagnoses of post lumbar laminectomy syndrome, lumbar radiculopathy, low back pain, and spinal/lumbar degenerative disc disease. Previous medical treatment consist of SI injections, ESIs, the use of H wave unit, physical therapy, aquatic therapy, medication therapy, and surgery. On 01/17/2014, the injured worker underwent a drug screen which showed that the injured worker was in compliance with the medications. On 08/06/2014, the injured worker complained of back pain. Examination of the lumbar spine revealed loss of lumbar lordosis with straightening of the lumbar spine and surgical scar. Range of motion was restricted with flexion limited to 15 degrees, and extension limited to 10 degrees. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band were noted on both sides. Straight leg raising test was positive on the right side in supine position. Babinski sign was negative. Tenderness noted over the sacroiliac spine. Positive left femoral stretch test. On sensory examination, light touch sensation was decreased over medial foot, medial calf, lateral calf, and anterior thigh on the right side. The medical treatment plan is for the injured worker to continue the use of Norco 10/325 mg. The rationale was not submitted for review. The Request for Authorization was submitted on 01/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Page(s): 74 78.

**Decision rationale:** The request for Norco 10/325mg #150 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. An assessment should be submitted in documentation showing what pain levels were before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication. Additionally, it is unclear whether the medication was helping the injured worker with any functional deficits. A drug screen submitted on 01/17/2014 showed that the injured worker was in compliance with her medications. However, the submitted documentation failed to indicate what pain levels were before, during, and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.