

<b>Case Number:</b>	CM13-0024369		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/20/2007
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain associated with an industrial injury sustained on February 20, 2007. Thus far, the applicant has been treated with analgesic medications, including short-acting opioids, and lumbar spine surgery. A clinical progress note dated August 5, 2013 states that the applicant reports 6/10 pain. It is stated that the applicant is benefiting from Norco, and that the applicant's symptoms are stable. The applicant has persistent low back complaints which worsen at night. The applicant is asked to remain off of work indefinitely.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usages. In this

case, however, the applicant has failed to return to any form of work. The applicant remains off work, on total temporary disability, several years removed from the date of injury. There is no clearly described evidence of improved performance of non-work activities of daily living and/or analgesia achieved as a result of ongoing opioid usage. Continuing Norco is not indicated. Therefore, the request is not certified.