

<b>Case Number:</b>	CM13-0033872		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/08/2004
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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.

### 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 low back pain and chronic pain syndrome reportedly associated with an industrial injury of February 8, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; a lumbar support; proton pump inhibitors; attorney representation; and the apparent imposition of permanent work restrictions. The applicant does not appear to have returned to work with permanent limitations in place. In a utilization review report of September 16, 2013, the claims administrator conditionally noncertified her request for Norco while approving Motrin and Flexeril. The applicant's attorney later appealed, on September 28, 2013. An earlier clinical progress report of August 23, 2013, is notable for comments that the applicant reports persistent low back pain, reflux owing to anti-inflammatory medication usage, difficulty sleeping owing to low back pain, and left ankle pain which the applicant attributes to the injury. The applicant is described as using a wheeled walker to move about. Diminished sensorium about the lower extremity is noted. He is given refills of Motrin and Prilosec. He is apparently on social security disability owing to chronic pain issues. Norco is also refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 10/325mg #120 between 8/22/2013 and 11/5/2013: 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 Page(s): 80.

**Decision rationale:** The Chronic Pain Guidelines indicate that the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduction in pain. In this case, there is no clear evidence that the applicant meets any or all of the aforementioned criteria. The applicant has failed to return to any form of work. The applicant is off of work and has now filed for social security disability insurance (SSDI). There is no evidence of improved performance in non-work activities of daily living effected through ongoing Norco usage. The request for one (1) prescription of Norco 10/325mg #120 between 8/22/2013 and 11/5/2013 is not medically necessary and appropriate.