

<b>Case Number:</b>	CM13-0033873		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/17/2005
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/29/2013
<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. 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 57-year-old male the date of injury of March 17, 2005. Patient has low back pain with radiation to the left lower extremity, increased pain with activities of daily living, depression, sleep disturbance, and erectile dysfunction. The patient is a seven out of 10 pain with medications and is a 10 out of 10 pain without medications. The patient feels cannot function without the medication. There is a paralumbar muscle spasm and tenderness. There is note dated July 25, 2006 stating the patient has been taking Vicodin. On a report dated October 14, 2013, and the recommendation sections a request for Opana ER is made. In that request, it states the patient obviously has not responded well to the first-line agent such as Norco so the addition of a long-acting opioids indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

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

**Decision rationale:** CA MTUS chronic pain guidelines recommend the continuation of opioid medication if there is improvement in function or reduction in pain. There are notes that the patient needs the medication to improve function however the patient has been taking Norco for next in the amount of time without much reduction in pain and increasing function. There is also notes in the patient has not responded well to the Norco. On page 80 of MTUS CPG, and states that opioids should be used chronic back pain only for a short term. Affiliates respond to a time-limited course opioids has led to the suggestion of reassessment and consideration of alternative therapy. Therefore, as guidelines do not recommend this medication for more than a short-term and the reports indicate the patient has not responded to medication, it is not medically necessary.