

<b>Case Number:</b>	CM13-0047099		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/16/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 TNT Aerial & Crane Repair Service employee who has filed a claim for chronic low back pain, leg pain and mid back pain associated with an industrial injury sustained on February 16, 2009. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, adjuvant medications, and extensive periods of time off work on total temporary disability. A progress note dated December 16, 2013 states that the applicant reports persistent neck and low back pain radiating to the bilateral upper and bilateral lower extremities. The applicant rates his pain at 2/10 with medications and 9/10 without medications. The applicant is limited in terms of activities of daily living, which include ambulation, hand function, sleep, and sexual function. The applicant exhibits a slow gait. The applicant is asked to pursue x-ray studies and remain off of work, on total temporary disability. It is stated that the applicant has severe functional disability with associated difficulty in terms of performance of activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**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 include evidence of successful return to work, improved functioning, and/or reduced pain brought about by ongoing opioid usage. In this case, however, the applicant has not returned to work. He has been deemed disabled by his attending provider. He reports significant deficits in terms of performance of numerous non-work activities of daily living. While there is some self-reported pain relief as a result of ongoing Norco usage, this is overshadowed by the applicant's failure to return to any form of work and marked difficulty in terms of performance of many non-work activities of daily living, including those as basic as ambulation. Continuing opioids in this context is not indicated. Therefore, the request is not certified.