

<b>Case Number:</b>	CM13-0050868		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 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 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 27, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; and adjuvant medications. A clinical progress note of October 28, 2013 is notable for comments that the applicant reports chronic low back pain. The applicant is having constant pain complaints. He is using Norco four times a day and is building tolerance to the same. The applicant is also using Neurontin, Voltaren, and Flector. The applicant apparently has a 15-pack year history of smoking and continues to smoke. Both Norco and Neurontin were renewed. It was stated that the applicant's current pain levels were increasing, that the applicant was not progressing as expected, and that the applicant's activity levels, including playing with his children, were impacted as a result of chronic pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10MG-325MG #120:** Upheld

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

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidences of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work. The applicant's pain complaints are heightened as opposed to reduced, despite ongoing Norco usage. The applicant is having difficulty keeping up with his children. On balance, then, it does not appear that ongoing opioid usage has been beneficial here. Accordingly, the request is not certified, on Independent Medical Review.