

<b>Case Number:</b>	CM13-0052025		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/27/2006
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 low back pain reportedly associated with an industrial injury of July 27, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; lumbar microdiscectomy surgery at L4-L5 in April 2007; short-acting opioids; unspecified amounts of physical therapy; trigger point injection therapy; and unspecified amounts of aquatic therapy. In a Utilization Review Report of October 30, 2013, the claims administrator denied a request for Norco. The applicant's attorney subsequently appealed. In an October 31, 2013 progress note, the applicant presents with persistent low back pain. She apparently exhibits an antalgic gait and is sitting in a wheelchair. She is asked to obtain a motorized scooter. She is given a shot of Toradol in the clinic. Home health care is endorsed. Tizanidine and Norco are prescribed. The applicant remains totally temporarily disabled, it is stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (low back, neck/upper back and chronic pain) Treatment Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 are evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant has failed to return to work. The applicant remains off of work, on total temporary disability. There is no evidence of improved performance of activities of daily living and/or diminished analgesia effected as a result of ongoing Norco usage. The fact that the applicant is using a wheelchair further implies that there has been no improvement in terms of performance of activities of daily living. For all of these reasons, then, the request is not certified, on Independent Medical Review.