

<b>Case Number:</b>	CM13-0059031		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 patient is an employee of [REDACTED] and has filed a claim for failed back surgery syndrome associated with an industrial injury date of June 29, 2000. A utilization review from October 23, 2013 denied the request for Norco due to lack of objective functional improvement. Treatment to date has included multiple spine surgeries (total of 5), lumbar brace, and oral medications. Medical records from 2013 were reviewed showing the patient complaining of constant back pain with muscle spasms and radiation of the pain to both legs. The patient cannot walk sometimes without the aid of the lumbar brace. The patient did not want to wean medications in the October progress note. The patient is not working but states that the medications help him with activities of daily living. Physical exam demonstrated decreased range of motion for the lumbar spine. There is noted altered sensory loss at the left lateral calf and bottom of his foot. The patient ambulates with a limp. Lower extremity reflexes were noted to be decreased at 1+.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 325MG #140:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

**Decision rationale:** Page 78 of the MTUS Chronic Pain Guidelines states that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco since 2012. The patient is not working. However, it is stated that the patient is able to hunt and fish. The patient has had refills of Norco in October and November 2013, but there were no discussions concerning the total amount of Norco used monthly. There have been no discussions concerning a weaning program for this patient given the fact that the patient seems to be able to hunt without any problems but has not returned to work. Therefore, the request for Norco is not medically necessary and appropriate.