

<b>Case Number:</b>	CM13-0066022		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/03/2006
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 69 year old woman who sustained a work-related injury 8 years ago. She has been diagnosed with chronic low back pain, and has been taking Norco for over 3 years. Her pain has not been well-controlled over the past several years. She has constant low back and right lower limb throbbing pain which waxes and wanes. Her pain is worst with walking, sitting, or standing. She has undergone a lumbar medial branch nerve block, but continues to have pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**Decision rationale:** The California MTUS Chronic Pain guidelines indicate opioids for chronic back pain show limited efficacy beyond 16 weeks of use. The lifetime substance abuse after chronic use of opioid is 36 to 56%. Per medical records submitted and reviewed, the employee has been on the same dose of Norco for over a year. There has been no escalation or reduction of dose to titrate pain. The guidelines require a documented plan for therapy with documentation of

goals such as pain reduction and functional improvement. The medical records provided for review do not show evidence of pain reduction or functional improvement. The request for Norco 10/325 is not medically necessary and appropriate.