

<b>Case Number:</b>	CM14-0013565		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/25/2000
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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 injured worker is a 51 year old whose date of injury is reported as January 25, 2000. The diagnosis listed is noted as major depressive affective disorder (296.23) and psychogenic pain disorder (307.89). The injured worker was listed as temporary totally disabled. The October 2013 pain evaluation report noted chronic intractable severe pain with lumbar radiculopathy. The physical examination reported a limited range of motion, muscle guarding, and decreased lower extremity strength. A post laminectomy syndrome was described. An orthopedic consultation was outlined. Multiple narcotic medications were prescribed. A chiropractic assessment was also completed in October 2013. The lumbar sprain/strain and lumbar surgery was noted. Degenerative disc disease is also identified. The December 2013 progress note indicated ongoing use of the medications OxyContin, Norco, Zanaflex and lorazepam. There is no noted efficacy or reduction in pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 1 FIVE TIMES A DAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, , 13-14.

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

**Decision rationale:** When noting the date of injury, the injury sustained, the treatment rendered (laminectomy), that over the last six months there is no noted efficacy, improvement in symptomology, reduction in pain levels and the Norco is taken five times a day, there is no clinical indication for the ongoing use of such a preparation. According to Chronic Pain Medical Treatment Guidelines, there needs to be some indicators of efficacy for addressing chronic back pain and using the chronic medications. Seeing none, there is insufficient clinical evidence to support this request.