

<b>Case Number:</b>	CM14-0013606		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/17/1999
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	01/07/2014
<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 and Rehabilitation, and is licensed to practice in Texas. 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 64 year old male reportedly injured on 12/17/14 has complaints of lumbar region pain. The clinical note dated 12/31/13 indicates the injured worker utilizing Voltaren gel as well as Lidoderm and Percocet for ongoing pain relief. The note indicates the injured worker was able to demonstrate 50 degrees of lumbar flexion, 5 degrees of extension, 15 degrees of right lateral flexion, with 10 degrees of left lateral flexion. 4/5 strength was identified at the left anterior tibialis and a left peroneus longus with 3/5 strength at the left EHL. Hyperesthesia was identified in the L5-S1 dermatomes on the left. The documentation indicates the injured worker continuing the use of Norco to address the ongoing low back complaints. The urine drug screen completed on 06/10/14 resulted in the injured worker demonstrating consistent findings with a prescribed drug regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines when to continue opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 77.

**Decision rationale:** There should be an indication a functional improvement with ongoing pain relief to warrant the continued use of narcotic medications. No information was submitted confirming the patient's positive response to the use of this medication. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.