

<b>Case Number:</b>	CM14-0135528		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	09/28/2005
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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: Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 45-year-old male who reported an injury after lifting metal decking and installing on 09/28/2005. The clinical note dated 06/11/2014 indicated diagnoses of 3 lumbar discogenic pain and posterior lateral bulge at L5-S1 with right-sided foraminal stenosis, as well as degenerative disc disease at L4-5 annular tear and small left-sided bulge or left-sided foraminal stenosis. The injured worker reported persistent low back pain. The injured worker reported his Morphine had been denied, Cymbalta had been denied. The injured worker reported he had been struggling with pain. The injured worker reported his current pain level was 9/10, and when he has access to medication, it comes down to about a 6/10 to 7/10. On physical examination, there were no significant changes. The treatment plan included to dispense Norco, Wellbutrin, Elavil, Colace, follow-up next month. Norco was modified on 07/30/2014 for weaning. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Norco, Cymbalta, Wellbutrin XL, Elavil, Promolaxin, fenofibrate, and Flexeril. The provider submitted a request for Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 78-81, 89, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 91, 78.

**Decision rationale:** The request for Norco 10/325 mg #240 8/day to permit weaning to discontinue is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the injured worker's Norco has already been modified for weaning. The provider has had ample time to wean the injured worker from Norco. Furthermore, the request does not indicate a frequency. Therefore, the request for Norco is not medically necessary.