

<b>Case Number:</b>	CM14-0154564		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/18/2000
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 a 45-year-old with a reported date of injury of 04/18/2000. The patient has the diagnoses of post laminectomy syndrome, chronic pain syndrome, radiculitis, lumbar disc displacement, lumbar spondylosis without myelopathy, lumbago, morbid obesity and restless leg syndrome. Past treatment modalities have included physical therapy, chiropractic treatments, massage therapy, radiofrequency, epidural steroid injections and L5-S1 anterior posterior fusion in 2004. Per the most recent progress notes provide for review by the primary treating physician dated 08/12/2014, the patient had complaints of worsening back pain. The physical exam noted flattening of the normal curvature of the lumbar spine, thoracic spine tenderness, lumbar facet joint tenderness with a positive bilateral facet loading test and restricted range of motion. No neurologic deficits were noted. The treatment plan recommendations included request for repeat radiofrequency treatment, continuation of pain medications and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** 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): 76-84.

**Decision rationale:** The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. The most recent progress reports do not note the patient's work status. The progress notes actually state the pain and function have worsened. The patient continues to have significant pain without documented significant improvement in other outcome measures and function. For these reasons, and the criteria set forth in the cited guidelines of ongoing and continued use of opioids have not been met. Therefore the request is not certified.