

<b>Case Number:</b>	CM14-0167728		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	10/26/1998
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Pain Management and is licensed to practice in California. 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 59-year-old male who sustained an injury on October 26, 1998. He is diagnosed with (a) thoracic/lumbar sprain/strain, (b) brachial neuritis, and (c) post laminectomy. He was seen for an evaluation on September 25, 2014. He rated his pain 9/10 without medications and 5-6/10 with medications. The pain was described as constant, sharp, throbbing, burning, and aching with pins and needles sensation. Examination revealed tenderness over the cervical spine. Cervical range of motion was decreased. Examination of the lumbar spine revealed tenderness over the lumbar paraspinous area and lumbar surgical scar. There was decreased range of motion in all planes. Gait was extremely antalgic with wheeled walker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco tablets 10/325mg #180 every 4-6 hours as needed on 9/26/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-77.

**Decision rationale:** The request for Norco tablets 10/325 mg #180 is not medically necessary at this time. It has been determined from the reviewed medical records that the injured worker has been taking this medication since April 2014. Guidelines do not support the use of opioids on a long-term basis.