

<b>Case Number:</b>	CM14-0030860		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/29/2008
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Orthopedic Surgery 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 46-year-old male who was reportedly injured on March 29, 2008. The mechanism of injury was not noted in the records provided for review. The most recent progress note, dated March 11, 2014, indicated that there were ongoing complaints of low back and left lower extremity pains. The physical examination demonstrated a 5'10", 230 pound individual with a decrease in lumbar spine range of motion, tenderness to palpation and a positive straight leg raise. Diagnostic imaging studies were not noted in the records presented for review. Previous treatment included anterior/posterior lumbar fusion surgery. A request had been made for the medication Norco and was not certified in the pre-authorization process on February 28, 2014. The requesting provider indicated there was detailed evidence of substantial functional improvement.

### 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 Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

**Decision rationale:** Contrary to what is indicated, there is no substantial improvement with the medication. It is noted that the injured employee was able to shower and ambulate approximately one block. This would not be considered significant functional improvement. Furthermore, there is a psychological diagnosis that is being addressed. As such, when noting this is a short acting opioid medication to address the moderate to severe pain, there is no noted efficacy or utility with the support for the indefinite or ongoing use. Accordingly, based on the records reviewed, this is not medically necessary.