

<b>Case Number:</b>	CM14-0047760		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/04/2000
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Nevada. 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 records, presented for review, indicate that this 74-year-old individual was reportedly injured on May 4, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 13, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'8", 218 pound individual, who was hypertensive (143/79) with tenderness to palpation of the paraspinous musculature and the facet joints of the lumbar region of the spine. Motor strength was noted to be 5-/5; however, the injured employee was unable to walk on his heels. Sensory examination was decreased in the L5 and S1 dermatomes. The leg raising was positive. Previous treatment included multiple medications, physical therapy (reportedly failed), and pain management interventions. A request had been made for Norco and was not certified in the pre-authorization process on February 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg p. o. #90 bid/tid as needed (prn) pain to wean with target of completely off Norco with a recommendation duration of 2-3 months to achieve weaning goal.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** As outlined in the MTUS, this is a short acting opioid indicated for management of moderate to severe breakthrough pain. However, the physical examination reports constant pain, increased ambulation only with a walker, no decrease in the pain complaints and no improvement in the overall functionality or decrease in symptomatology. Therefore, based on the clinical information presented for review and by the parameters outlined in the MTUS, there is no data presented to suggest that this medication has any efficacy or utility in terms of increasing functionality or decrease in symptomatology. As such, this is not medically necessary.