

<b>Case Number:</b>	CM14-0071368		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/08/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Neurology, has a subspecialty in 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:

A note dated 3/20/14 indicates that the claimant has pain in the low back and leg. The medications, including norco and flexeril, are reported to be helpful and well tolerated. Pain is worse with standing and sitting. Pain is 9/10 without medications and 3-5/10 with medications. Examination notes strength is 5-/5 in the left leg. There is increased pain with flexion and extension and SLR (straight leg raise) is positive left greater than right. A note dated 4/17/14 notes continued pain in the low back and leg. There is continued burning, numbness, and tingling in the forearm and legs. Pain is 10/10 without meds and 5/10 with meds. The examination is not changed from 3/20/14. Treatment was to continue medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 10/325mg, # 90, between 4/17/2014 and 4/17/2014:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

**Decision rationale:** The medical records report persistent pain that is reported to be subjectively helped by medication of norco. Ongoing treatment reports therapy is tolerated and there is no aberrant behavior. The insured is following an opioid mitigation program including opioid agreement with the treating physician. Therefore, the request is deemed medically necessary.