

<b>Case Number:</b>	CM14-0187494		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	06/19/2001
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Emergency Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 52 year-old male, who sustained an injury on June 19, 2001. The mechanism of injury is not noted. Treatments have included: medications, physical therapy, L5/S1 disc replacement. The current diagnoses are: chronic lower back pain, s/p L5-S1 disc replacement, lumbar degenerative disc disease, lumbar facet osteoarthritis. The stated purpose of the request for Norco 10/325 # 120 was for pain. The request for Norco 10/325 # 120 was modified for QTY # 60 on October 30, 2014, citing a lack of documentation of functional improvement. Per the report dated September 25, 2014, the treating physician noted complaints of low back and right buttock pain. Exam shows an antalgic gait, lumbar tenderness, positive straight leg raising test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 # 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, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

**Decision rationale:** The requested Norco 10/325 # 120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back and right buttock pain. The treating physician has documented an antalgic gait, lumbar tenderness, positive straight leg raising test. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 # 120 is not medically necessary.