

<b>Case Number:</b>	CM14-0190306		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	06/04/2001
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Occupational Medicine 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:

This individual is a 54 y/o female who developed chronic low back pain subsequent to an injury dated 6/4/01. She has been diagnosed with L5-S1 degenerative changes with right leg radiation. She has been utilizing between 140-150 Norco 10/325mg per 30 days for the past several months. She had also been utilizing various muscle relaxants without benefit and these were discontinued. The treating physician has been performing drug testing on a quarterly basis due to moderate risk for misuse. He has also been performing CURE's inquiries. The treating physician documents about 40% improvement in pain due to the medication. Functional limitations are moderate, but the activity levels are reported as being improved due to the medications. There is no recent evidence of misuse or aberrant behaviors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg # 140:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

**Decision rationale:** MTUS Guidelines support the judicious use of opioid medications when there is meaningful pain relief and functional support. The treating physician adequately documents that these standards are being met. In addition, the treating physician is being vigilant to guard against misuse. Under these circumstances, the Norco 10/325mg. #140 is medically necessary.