

<b>Case Number:</b>	CM14-0205485		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/07/2004
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 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 53 year-old male, who sustained an injury on December 7, 2004. The mechanism of injury occurred from a slip and fall. Diagnostics have included: Lumbar MRI dated January 26, 2004, reported as showing L3-4 disc protrusion. Treatments have included: lumbar discectomy/fusion, physical therapy, medications, medial branch blocks, acupuncture. The current diagnoses are: lumbar disc disease, failed back surgery syndrome, cervical strain/spondylosis. The request for Norco 10/325mg #60 was modified for QTY # 25 on November 18, 2014, citing a lack of documentation of functional improvement. Per the report dated November 12, 2014, the treating physician noted complaints of pain to the neck, back and legs. Exam showed restricted cervical and lumbar range of motion, tenderness to both SI joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #60:** Upheld

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

**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 10/325mg #60, 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 pain to the neck, back and legs. The treating physician has documented restricted cervical and lumbar range of motion, tenderness to both SI joints. 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 10/325mg #60 is not medically necessary.