

<b>Case Number:</b>	CM14-0209262		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/10/2002
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old male who was injured at work on 09/10/2002. A November 11, 2014 progress note reported he complained of stabbing pain in the upper and lower back; achy pain in the left arm, leg and bilateral knees. The physical examination revealed tenderness in the thoracic and lumbar paraspinal muscles, spasms with range of motions, limited range of motion of the spine; decreased sensations at L4-L5 dermatomes bilaterally; left knee tenderness at joint line, mild on right; knee range of motion degrees: left flexion 95, right flexion 100, bilateral extension 5; quadriceps and hamstring strengths 4/5 bilaterally. The worker has been diagnosed of chronic low back pain, lumbar stenosis, status bilateral total knee arthroscopy, left arm contusion, right elbow strain, and insomnia. Treatments have included Norco, Zolpidem, and Cidaflex. The injured worker is not working. At dispute is the request for Norco 10/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 09/10/2002. The medical records provided indicate the diagnosis of chronic low back pain, lumbar stenosis, status bilateral total knee arthroscopy, left arm contusion, right elbow strain, and insomnia. Treatments have included Norco, Zolpidem, and Cidaflex. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #90. The medical records indicate Norco has been in use since 07/08/2014; at the time of the report, the injured worker was not working. The records do not indicate the injured worker was monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, as recommended by the MTUS. MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. Furthermore, the MTUS states that that most randomized controlled trials for the use of opioids for chronic pain have been limited to a short-term period (70 days); besides, there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. Therefore, the requested treatment is not medically necessary and appropriate.