

<b>Case Number:</b>	CM14-0211130		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 58 year old man with a date of injury of 4/26/10. He is status post lumbar laminectomy with decompression at L4-5 and cervical discectomy and fusion C4-7 and right wrist flexor tenosynovectomy and decompression with neurolysis of the median nerve. He was seen by his primary treating physician on 12/16/14. He reported a reduction in pain from 8/10 to 2/10 and she was able to perform ADLs. His medications were Relafen and norco. His exam showed a normal gait. His left anterolateral ankle was tender to palpation with increased pain with inversion/eversion stress tests. At issue in this review is the request for norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2010. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics and NSAIDs. Per the guidelines, in opioid use, ongoing review

and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 12/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Norco to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records.