

<b>Case Number:</b>	CM15-0000090		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Ohio, North Carolina, Virginia  
Certification(s)/Specialty: Family Practice

### 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 66 year old male who sustained an industrial injury on 10/10/07. The injured worker reported symptoms in the back. The diagnoses included lumbar/lumbosacral disc degeneration, lumbar disc disorder/myelopathy, lumbar region spinal stenosis, sciatic and sacroiliac ligament sprain/strain. Treatments to date have included oral medications, injection, and microlumbar discectomy on 11/11/07, lumbar fusion surgery in 2012. and physical therapy. Provider documentation dated 11/12/14 noted the injured worker presents with lumbar spine pain rated at 5/10 with radiation to the lower extremity and numbness to the lower extremity. The treating physician is requesting Norco Tab 10-325mg 1 per oral every 4 hours as needed (Med 45). On 12/22/14, Utilization Review non-certified a request for Norco Tab 10-325mg 1 per oral every 4 hours as needed (Med 45). The California Medical Treatment Utilization Schedule Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco Tab 10-325mg 1 po Q 4 hrs prn (Med 60): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Those prescribed opioid medication chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improved pain and functionality and/or the injured worker has regained employment. In this instance, the treating physician does document a urine drug screen with inconsistent results on 7-7-2014 with the presence of 2 non-prescribed medications (tramadol and Soma). Pain scores are given in 2 submitted notes but they reflect current pain levels only. There is no comment on functional status except to say that the injured worker's status has not been changing. Typical questions regarding pain should include least pain, average pain, worst pain, duration to analgesia with medication, and duration of analgesia from medication. Therefore, the requirements for continued opioid use have not been documented/submitted for purposes of this review. Hence, Norco Tab 10-325mg 1 po Q 4 hrs prn (Med 60) is not medically necessary. Lesser quantities of Norco have already been certified for purposes of weaning.