

<b>Case Number:</b>	CM15-0008396		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California  
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 48 year old male, who sustained an industrial injury on June 29, 2004. The mechanism of injury is unknown. The diagnoses have included low back pain, lumbar radiculopathy, lumbar degenerative disc disease, lumbar postlaminectomy syndrome, muscle pain, chronic pain syndrome and depression. Treatment to date has included diagnostic studies and pain medication. Currently, the injured worker complains of low back pain and pain that radiates down his right leg. He feels that his current medications allow him the opportunity to increase his activity without having an increase in pain. On December 17, 2014, Utilization Review modified a prospective request for Norco 10/325 milligrams to #68, noting the California Chronic Pain Medical Treatment Guidelines. On January 14, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 milligrams #120.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with norco usage.