

<b>Case Number:</b>	CM15-0101931		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: 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 45 year old male injured worker suffered an industrial injury on 01/28/2008. The diagnoses included lumbar facet syndrome, lumbar radiculopathy, lumbar spondylosis, lumbar spinal stenosis and lumbar degenerative disc disease. The diagnostics included cervical and lumbar magnetic resonance imaging. The injured worker had been treated with epidural steroid injections, nerve blocks, medications, physics therapy and chiropractic therapy. On 4/24/2015 the treating provider reported lower back pain rated 7/10 with medications and without medications 8/10. On exam there was an impaired gait, and lumbar reduced range of motion with tenderness. The treatment plan included Retro DOS 4/24/15 Norco and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS 4/24/15 Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 74-95.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Available documentation provides evidence that the injured worker is receiving opioids from multiple providers. Additionally, the most recent urine drug screened was positive for unprescribed medication. The request for Retro DOS 4/24/15 Norco 10/325mg is determined to not be medically necessary.