

<b>Case Number:</b>	CM15-0010363		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/17/2005
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	12/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52-year-old male sustained work-related injury to his low back, right shoulder, right hip and right leg on 3/17/2005. He was diagnosed with post laminectomy syndrome and bilateral lower extremity radiculopathy. Previous treatments include medications, physical therapy, ultrasound, injections and morphine pump. The treating provider requests prescription of Norco 10/325mg #180. The Utilization Review on 12/20/2014 modified the request to one prescription of Norco 10/325mg #37, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 52 year old male has complained of low back pain and right shoulder pain since date of injury 3/17/05. He has been treated with lumbar spine surgery, epidural steroid

injections, physical therapy and medications to include opioids since at least 10/2006. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.