

<b>Case Number:</b>	CM15-0131097		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Emergency 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 injured worker is a 48 year old male, who sustained an industrial injury on November 1, 2005. He reported low back pain. The injured worker was diagnosed as having failed back syndrome, status post-surgical interventions of the lumbar spine. Treatment to date has included diagnostic studies, conservative care, surgical interventions of the lumbar spine, medications and work restrictions. Currently, the injured worker complains of continued low back pain with radicular pain radiating into bilateral lower extremities. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 18, 2007, revealed pain in the lumbar spine with associated pain, tingling and numbness in the bilateral lower extremities, worse on the right. He reported lower extremity weakness as well associated with a previous work injury crushing both feet. He reported injuring the low back 3 times at work on November 1, 2005, January 2006 and March 1, 2006. He rated his pain on a visual analog scale (VAS) from 1-10 with 10 being the worst, at 6-7. He reported difficulties with personal hygiene and activities of daily living. Norco was prescribed. Evaluation on June 18, 2015, revealed continued low back pain and associated symptoms rated on the VAS scale at 5-9/10. It was noted he has been on chronic opioid therapy since 2005. He described his pain as dull, achy, intermittent sharp, stabbing and radiating into bilateral lower extremities. It was noted he had edema of bilateral lower extremities. 1 prescription of Norco 10/325mg #90 was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82, and 78-82.

**Decision rationale:** The requested 1 prescription of Norco 10/325mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued low back pain and associated symptoms rated on the VAS scale at 5-9/10. It was noted he has been on chronic opioid therapy since 2005. He described his pain as dull, achy, intermittent sharp, stabbing and radiating into bilateral lower extremities. It was noted he had edema of bilateral lower extremities. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 1 prescription of Norco 10/325mg #90 is not medically necessary.