

<b>Case Number:</b>	CM15-0134723		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/13/2002
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 67 year old male, who sustained an industrial injury on 12/13/2002. The mechanism of injury is not indicated. The injured worker was diagnosed as having chronic lumbar strain, cervical strain, and pathologic fracture of vertebrae. Treatment to date has included aquatic therapy, medications, magnetic resonance imaging of the lumbar spine (3/31/2015), and lumbar epidural steroid injections. The request is for Norco 10-325 mg #90. On 2/20/2015, he complained of constant severe low back pain with radiation into the right hip. He rated the pain 6/10, and indicated he had a burning sensation of the right hip, leg, and foot for the past 2 months. He reported aquatic therapy to have helped significantly. He reported Norco and Soma give him 50-60% relief. His blood pressure is noted as 140/90, gait normal, tenderness in both sacroiliac joints, and he is unable to sit more than 20 minutes and stand 20 minutes. There is an absent right ankle reflex. The treatment plan included: aquatic therapy, magnetic resonance imaging of the lumbar spine, refill of Norco, Lidoderm patches and Soma. On 4/17/2015, he complained of low back pain with radiation into the right foot. He continues to utilize Lidoderm patches, Soma, and Norco. He also complained of mild neck pain. The treatment plan included: referral to orthopedic, and refill of Lidoderm patch. On 6/10/2015, he reported worsened low back pain with radiation into both buttocks and down the right leg. He indicated an inability to walk. His pain is rated 10/10. He walks with a limp favoring the right side. He is noted to continue taking Norco and Soma for pain control. The treatment plan included low back surgery, and Gabapentin. On 6/16/2015, he rated his pain 6/10 for the low back. The treatment plan included refilling Norco. His work status is not indicated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg qty 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.