

<b>Case Number:</b>	CM15-0134751		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	07/22/2010
<b>Decision Date:</b>	09/22/2015	<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: Arizona, Texas

Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on July 22, 2010. He reported lower back pain and constant numbness and tingling symptoms in the left leg with balance issues. The injured worker was diagnosed as having lumbar disc protrusion, lumbar radiculopathy and lumbar degenerative disc disease. Treatment to date has included diagnostic studies, electrodiagnostics, lumbar epidural steroid injections, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back pain with numbness and tingling in the left lower extremity and poor balance. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 13, 2015, revealed continued pain with associated symptoms. He reported he wanted something stronger. Ultram was ordered. An order for Norco dated June 5, 2015 was noted. Evaluation on that date revealed constant low back pain and lower extremity tingling and numbness. It was noted he had an abnormal electromagnetic and nerve conduction study indicating lumbar 5 radiculopathy. He reported little to no benefit with previous lumbar epidural steroid injections. Norco 5/325mg #60 was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 74-96.

**Decision rationale:** Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. The continued use is not medically necessary.