

<b>Case Number:</b>	CM15-0138239		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	03/07/2002
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, West Virginia, Pennsylvania  
 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:

This is a 52 year old male with a March 7, 2002 date of injury. A progress note dated June 30, 2015 documents subjective complaints (ongoing difficulty with pain in both shoulders, down both arms as well as in the mid to low back down the bilateral lower extremities to the feet; pain rated at a level of 8/10 without medications and 5/10 with medications), objective findings (range of motion of the lumbar spine is significantly limited secondary to pain; tenderness to palpation over the paraspinal muscles in the lumbar region bilaterally), and current diagnoses (intractable lower back pain with a history of degenerative disc disease; bilateral lower extremity radiculopathy, primarily in the L4 distribution; failed spinal cord stimulator trial). Treatments to date have included medications, spinal cord stimulator, and exercise. The medical record indicates that medications help control the pain and offer functional improvement. The treating physician documented a plan of care that included Norco.

### 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 #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Guidelines support short term use of opiates for moderate to severe pain after first line medications have failed. Long term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco 10/325 mg without evidence of significant benefit in pain or function to support long term use. The request for Norco 10/325 mg #120 is not medically appropriate or necessary.