

<b>Case Number:</b>	CM15-0143293		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/21/2000
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Family Practice

### 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 37 year old male with an April 21, 2000 date of injury. A progress note dated June 24, 2015 documents subjective complaints (continues to have lower back pain rated at a level of 9 out of 10 without medications and 7 out of 10 with medications; numbness in the bilateral lower extremities to the toes), objective findings (palpable tenderness of the lumbar paravertebral muscles bilaterally; decreased sensation in the L4 and L5 dermatomes bilaterally; decreased range of motion of the lumbar spine; positive straight leg raise bilaterally), and current diagnoses ( bilateral lumbar radiculopathy; lumbar kyphosis; L4-5 disc degeneration; chronic intractable pain). Treatments to date have included medications and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Norco 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

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

**Decision rationale:** According to the MTUS guidelines, the long-term use of opioids is not supported for chronic non-malignant pain. Per the MTUS guidelines, the long-term use of opioids leads to dependence, tolerance and hormonal imbalance in men. In addition, the MTUS guidelines note that in order to support continued opioid use, there should be improvement in pain and function. The medical records do not establish significant subjective benefit or objective functional improvement such as change in work status. The request for Norco 10/325mg #120 is not medically necessary and appropriate.