

<b>Case Number:</b>	CM15-0145098		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/30/2003
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Indiana, Michigan, 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:

The injured worker is a 44 year old male who experienced a work related injury on January 30, 2003. Diagnoses include low back pain with bilateral radiculopathy, grade one retrolisthesis involving the lumbar spine, lumbar disc protrusions, depression, anxiety and gastritis. MRI of the lumbar spine on February 28, 2015 showed broad based disc herniations causing spinal stenosis. Treatment has consisted of physical therapy, lumbar hemi laminectomy in 2003, medication therapy and self-directed physiotherapy. Request is for Norco 10/325 mg #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 Hydrocodone/Acetaminophen, When to Discontinue Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Opioids for chronic pain Page(s): 79, 80, 81, 88.

**Decision rationale:** MTUS guidelines are fairly specific regarding the continuation and discontinuation of opioids. MTUS states if there is no overall improvement in function and the

pain continues then discontinuing the opioid is appropriate. MTUS also states: "There is no evidence that opioids showed long-term benefit or improvement in function when used as a treatment for chronic back pain." In this case, there is no documentation of a satisfactory response to opioid use in terms of functional improvement and relief of the debilitating back pain with radiculopathy compared to baseline. Therefore, the use of Norco 10/325 mg #120 is not medically appropriate or necessary.