

<b>Case Number:</b>	CM15-0146319		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, North Carolina  
 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 52 year old male with an August 4, 2010 date of injury. A progress note dated June 25, 2015 documents subjective complaints (lower back pain; pain rated at a level of 9 out of 10 without medications and 6 out of 10 with medications; burning sensation in the feet and heels; left knee problems), objective findings (tender across the lumbar spine musculature; use of a cane; pain on the heels and plantar aspects of the feet bilaterally), and current diagnoses (bilateral plantar fasciitis status post plantar fascia release in 2013 with worsening of symptoms; left knee pain, lower back pain due to compensatory abnormal gait; lower back pain). Treatments to date have included medications, bilateral foot surgery, and magnetic resonance imaging of the lumbar spine (June 11, 2015; showed multilevel degenerative changes of the lumbar spine, worse at the L4-5 and L5-S1 levels, minimal right neural foraminal narrowing at L4-5, and mild right and moderate left neural foraminal narrowing at L5-S1). The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Norco 5-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg 4 times daily #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic use Page(s): 80.

**Decision rationale:** CA MTUS Guidelines state that Norco is a short-acting opioid indicated for neuropathic pain at the lowest dosage for the shortest period of time. Although decreased pain and improved function is documented, the records submitted do not identify appropriate medication use, lack of aberrant behavior and adverse side effects. It does not appear that the patient has returned to work, requiring long-term opioids. The date of injury was in 2010. At this point, the patient should be weaned from opioids. The medical necessity of continuing opioids is not established. The request is not medically necessary.