

<b>Case Number:</b>	CM15-0166897		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/24/1992
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Pennsylvania

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 52 year old male sustained an industrial injury on 6-24-92. He subsequently reported back pain. Diagnoses include lumbago and lumbosacral spondylosis. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker has continued complaints of low back, neck and shoulder pain. Upon examination, there was tenderness at the lumbar spine and tenderness at the facet joint noted. Range of motion in the lumbar spine was reduced. A request for Norco 10/325MG #180 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes

including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. According to the medical record, this worker has "continued pain in low back." It is stated that medications are helpful and that his pain scale is 4/10 with medication. However there is no objective comparison of pain with and without the medication or before and after the medication or specifically related to the Norco. It is stated he is working full time as a truck driver and doing regular work but there is no objective measure of function with and without Norco. The available records do not indicate any recent attempts at weaning the Norco. Medical necessity of Norco has not been established.