

<b>Case Number:</b>	CM15-0167692		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/25/1999
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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:

The injured worker is a 57 year old male, who sustained an industrial injury on October 25, 1999, incurring low back injuries. He was diagnosed with lumbar disc disease, lumbar radiculopathy, and bilateral lower extremity radiculopathy. Treatment included pain medications, neuropathic medications, proton pump inhibitor, sleep aides, muscle relaxants, topical analgesic lotions, epidural steroid injection, and a surgical lumbar fusion. Currently, the injured worker complained of continued low back pain radiating to the left lower extremity. He noted severe burning in the left leg with numbness and tingling in the left lower extremity. He had weakness with severe muscle spasms in the low back. He noted reduced range of motion of the lumbar spine. The requested treatment included a prescription for 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 #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** CA MTUS Guidelines state that opioids may be indicated for chronic neuropathic pain that has not responded to first-line agents (antidepressants, anticonvulsants). There are no trials of long-term use. In chronic low back pain, opioids appear to be efficacious but limited for short-term pain relief. In this case, the request is for continuing, long-term use of Norco. While the documentation does note improved pain relief and improved functional status, the patient has not returned to work, therefore the long-term use of opioids cannot be supported. Therefore the request is not medically necessary or appropriate.