

<b>Case Number:</b>	CM15-0196849		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 33 year old, male who sustained a work related injury on 5-13-14. A review of the medical records shows he is being treated for lower back pain. Treatments have included a lumbar epidural steroid injection and medications. There is no documentation if he has ever taken Norco before. This order for Norco is ordered for after surgery. In the progress notes, the injured worker reports sharp lower back pain with radiation up into mid-back and down right leg to calf. He has associated paresthesias and weakness in the sciatic distribution on the right. He rates the pain level a 7-10 out of 10. In physical exam dated 9-11-15, he has diminished sensation in the dorsum of the right foot. He has 4 out 5 weakness in both dorsiflexion and plantarflexion on the right. He is working with restrictions. The treatment plan includes lumbar spine surgery. The Request for Authorization dated 9-14-15 has a request for post-operative Norco. In the Utilization Review dated 9-18-15, the requested treatment of Norco 10-325mg. #100 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Postsurgical Treatment 2009.

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. In this case, the request is for post-operative pain control. Opioids may be useful in the short term for treatment of postoperative pain, assuming the surgical procedure is medically necessary and the associated surgical services are medically necessary.