

<b>Case Number:</b>	CM15-0208085		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/09/1999
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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

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 61 year old male, who sustained an industrial injury on 9-09-1999. The injured worker was diagnosed as having osteoarthritis, localized, and chronic lumbosacral strain. Treatment to date has included diagnostics and medications. On 8-21-2015, the injured worker complains of severe pain in his low back. Pain was rated 9 out of 10 (rated 9 out of 10 on 6-15-2015). Medication use included Norco and Relafen (since at least 9-2014). Objective findings included grossly intact coordination, motor and sensory within normal limits, and restricted range of motion of the low back. Medications were documented as effective by 75%. It was documented that he was able to do activities of daily living and had unspecified "functional improvement" with the use of medications. He was prescribed refills of Norco and Relafen. Work status was not documented. Urine toxicology and-or CURES reports were not referenced or submitted. The treatment plan included Norco 5-325mg #60, modified by Utilization Review on 9-30-2015 to Norco 5-325mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish specific objective functional improvement to support the ongoing use of opioids. In addition, the medical records do not establish an updated and signed pain contract between the provider and claimant or CURES report. The medical records note that Utilization Review has allowed modification for weaning purposes. The request for Norco 5/325mg #60 is not medically necessary and appropriate.