

<b>Case Number:</b>	CM15-0022772		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/02/2002
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Emergency Medicine

### 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 56 year old male, who sustained an industrial injury on 7/2/2002. On 2/5/15, the injured worker submitted an application for IMR for review of Norco 10/325mg, #120. The treating provider has reported the injured worker complained of low back pain radiating to bilateral lower extremities with stabbing and burning sensations. The diagnoses have included depressive disorders, chronic pain syndrome, carpal tunnel syndrome, lesion ulnar nerve, brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, lateral epicondylitis elbow region, sprain of the neck, sprain lumbar region. Treatment to date has included x-ray right elbow (4/1/13), MRI right shoulder (10/20/03), MR arthrogram right shoulder (12/10/03), and MRI cervical spine (12/10/03), bilateral upper extremity EMG/NCS (3/21/08). On 2/2/15 Utilization Review non-certified Norco 10/325mg, #120. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #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, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

**Decision rationale:** The requested Norco 10/325mg, #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain radiating to bilateral lower extremities with stabbing and burning sensations. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met. Norco 10/325mg, #120 is not medically necessary.