

<b>Case Number:</b>	CM15-0022961		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/01/1999
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58 year old male, who sustained an industrial injury on 09/01/1999. He has reported subsequent low back and neck pain and was diagnosed with displacement of thoracic, cervical and lumbar intervertebral disc, myalgia and myositis and spasm of muscle. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy, surgery, injections, biofeedback and acupuncture. In a progress note dated 12/31/2014, the injured worker complained of generalized and low back pain that was rated as a 9/10. No abnormal objective physical examination findings were documented. A request for authorization of a refill of Norco was made. On 01/29/2015, Utilization Review modified a request for Norco from 10/325 mg #150 to 10/325 mg #150, noting that there was no evidence of functional improvement and that the medication should we weaned. 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 #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 1999. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics. Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 12/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to norco to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records.