

<b>Case Number:</b>	CM15-0213072		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	12/23/1998
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 39 year old male, who sustained an industrial injury on December 23, 1998. The injured worker was currently diagnosed as having lumbar disc degeneration, chronic pain other, lumbar facet arthropathy, lumbar radiculitis, anxiety, chronic constipation, depression, gastroesophageal reflux disorder, insomnia, medication related dyspepsia, coccygodynia, status post left inguinal hernia repair-failed and NSAID intolerance. Treatment to date has included diagnostic studies, injection, psychological treatment, acupuncture, median branch nerve block, chiropractic treatment, fentanyl patch, Gabapentin, ibuprofen, metformin, MS Contin, Naprosyn, Vicodin, Traxene, Risperdal, ProSom, Wellbutrin, Ambien, Ativan, Darvocet, Marinol, Naproxen, Neurontin and Trazodone. Norco was indicated for treatment in a November 1, 2011 consultation report. It is unclear how long the injured worker was prescribed this medication. On September 18, 2015, the injured worker complained of low back pain with radiation down the left lower extremity accompanied by numbness to the level of the feet. He also reported frequent and severe muscle spasms in the low back, lower extremity pain, right coccyx pain, groin pain and ongoing occipital headaches. The pain was rated as a 4 on a 1-10 pain scale with medications and a 9 on the pain scale without medications. He was not currently working. The treatment plan included home exercises, follow-up visit, Butrans patch, Norco, Omeprazole and Senokot-S. On October 20, 2015, utilization review denied a request for Norco 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120: 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:** The claimant is a 39 year-old male with a date of injury of 12/23/1998 and complaints of chronic low back pain. CA MTUS recommends the use of opioids at the lowest dose for the shortest period of time. Pain relief and functional improvement should be documented in patients with ongoing use of opioids. The 4 A's should also be adequately documented. In this case, the claimant is being prescribed Norco on a long-term basis. Despite this, there is no sustained pain relief or quantifiable improvement in function noted. Guidelines recommend discontinuing opioid if there is not improvement in function. The patient is also taking another opioid, Butrans, and no rationale is given for the use of 2 opioid medications. Multiple prior requests for Norco have been denied. Therefore, based on the above findings, the request is not medically necessary or appropriate.