

<b>Case Number:</b>	CM15-0037227		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 51 year old male, who sustained an industrial injury on November 10, 2011. The diagnoses have included lumbar myofascitis with radiculitis, rule out lumbar spine disc injury and right shoulder arthroscopic surgery. A progress note dated January 19, 2015 provided the injured worker complains of constant low back pain radiating across buttocks, right shoulder pain with numbness and tingling in fingers and down left leg and left leg pain with numbness and tingling in foot. Utilization review determination is dated January 30, 2015. Application for independent medical review (IMR) is dated February 14, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 180 tabs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 51 year old male with an injury on 11/10/2011. He had back pain and right shoulder pain. He had right shoulder surgery and had lumbar pain radiating to his left leg. Opiates have the potential to decrease mental and physical ability and adversely affect the patient's ability to return to work. MTUS guidelines criteria for continuing opiate treatment require documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet the above criteria and long term opiate medication is not medically necessary.