

<b>Case Number:</b>	CM15-0049951		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/19/2007
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Florida

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 71 year old male, who sustained an industrial injury on 07/19/2007. Initial complaints and diagnoses were not mentioned. Treatment to date has included conservative care, medications, MRI of the lumbar spine (02/09/2011), epidural steroid injections, and x-rays of the lumbar spine (05/23/2011). Currently, the injured worker complains of ongoing low back pain rated 8/10 without Norco and 4/10 with Norco. The injured worker reported that he was able to complete light chores, take care of himself at home and sleep better when taking Norco. Current diagnoses include low back pain, multi-level disc desiccations, facet changes, and segmental instability at L4-5 with 5-6mm movement. The treatment plan consisted of continuation of medication (Norco), and follow-up.

### 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 Criteria for use of opioids Page(s): 110-115. Decision based on Non-MTUS Citation ODG Chronic Pain.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Additionally, ODG does not recommend short acting narcotics as first line treatment for chronic nonmalignant pain. ODG also states that the long-term efficacy for the treatment of chronic nonmalignant pain remains uncertain. Regarding this patient's case, this patient is taking a chronic short acting narcotic for chronic nonmalignant pain. This is not supported by ODG guidelines. It is also not well established that this chronic narcotic is objectively improving this patient's pain and functionality. This patient has also not returned to work. This patient's case does not meet ODG or MTUS guidelines for the continuation of a chronic narcotic medication. Likewise, this request is not considered medically necessary.