

<b>Case Number:</b>	CM15-0082804		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	01/17/2003
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, West Virginia, Pennsylvania  
 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 37-year-old male, who sustained an industrial injury on 1/17/03. The mechanism of injury was not noted. The diagnoses have included low back pain, lumbar degenerative disc disease (DDD), depression, and history of hypertension. Treatment to date has included surgery including lumbar discectomy in 2003 and removal of lumbar rods and screws in 2007, medications, and diagnostics. The diagnostic testing that was performed included lab testing and urine testing. The current medications included Etodolac, Norco, Singulair, Norvasc, Lisinopril and Prevacid. Currently, as per the physician progress note dated 4/16/15, the injured worker complains of chronic low back pain which never completely resolves rated 3-7/10 on pain scale which is not unchanged from previous visit of pain rating of 7/10. He has experienced occasional tingling in both feet. The objective findings included blood pressure of 120/78. The lower back inspection revealed mild to moderate tenderness in the left lumbar paravertebral muscular area, which reproduces the pain. The remaining exam was unremarkable. There was no recent diagnostic testing noted and there was no urine drug screen report noted. The physician treatment was for labs, referral to pain management and follow up in one month. The work status was to return to modified work on 4/17/15. The physician requested treatment included Norco 10/325mg quantity of 180.00 for chronic low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty: 180.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-96.

**Decision rationale:** Guidelines recommend continued use of opiates for treatment of moderate to severe pain with documented objective evidence of derived functional benefit. In this case, there is no quantification of pain with and without Norco and there is no documented functional improvement from its usage. The request for Norco 10/325 mg #180 is not medically appropriate and necessary.