

<b>Case Number:</b>	CM15-0082867		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/06/2000
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/16/2015
<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: California

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 56 year old male, who sustained an industrial injury on 10/06/2000. He has reported subsequent back, neck, lower extremity and shoulder pain and was diagnosed with failed back surgery syndrome and fracture of scapula. Treatment to date has included oral pain medication, chiropractic therapy, surgery and injections. In a progress note dated 03/26/2015, the injured worker complained of low back and anterior bilateral leg pain. Objective findings were notable for upper to mid cervical, lumbar, thoracolumbar and sacral pain/tenderness and moderate muscle spasms in the lower extremities, back and bilateral trapezius muscles. A request for authorization of Norco was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Norco 7.5/325mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back and anterior bilateral leg pain. Objective findings were notable for upper to mid cervical, lumbar, thoracolumbar and sacral pain/tenderness and moderate muscle spasms in the lower extremities, back and bilateral trapezius muscles. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria not having been met, the request for Norco 7.5/325mg #90 is not medically necessary.