

<b>Case Number:</b>	CM15-0085761		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: 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 55 year old male, who sustained an industrial injury on 10/6/12. The injured worker has complaints of low back pain. The documentation noted on 2/12/15 that the injured worker had been seen 18 months prior and was a candidate for an L3/4 and L4-5 decompression and tried to put it off and now has claudicates and on physical exam he has weakness of the plantar flexors in the right slightly on the left and some numbness on the proximal left thigh and anterior on third of the left thigh. The documentation noted on 5/6/15 the injured worker was still waiting for surgery appointment, pending authorization. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; spinal stenosis, lumbar region, without neurogenic claudication; thoracic or lumbosacral neuritis or radiculitis, unspecified and other specified arthropathy, other specified sites. Treatment to date has included home exercise program; transcutaneous electrical nerve stimulation unit; norco and voltaren gel; physical therapy; chiropractic treatment; acupuncture and epidural injections. The request was for norco 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Norco 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This injured worker receives treatment for chronic low back pain. This relates back to a work-related injury on 10/06/2012. The patient reports some altered sensation in the left lower extremity. The medical diagnoses include lumbar disc disease, spinal stenosis, and arthropathy. This review addresses a refill prescription for Norco 10/325 mg. Norco contains hydrocodone 10mg, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Norco is not medically necessary.