

<b>Case Number:</b>	CM14-0146837		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/04/1992
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There is a letter from the injured worker noting that the medication of Norco and Meloxicam is helpful to him and helps him function (continue to work and do home activities.) 8/15/13 PR-2 notes pain in the low back and that pain medication is required time to time. The insured averages Norco once per day and continues to work and is able to do job. There are no side effects. 9/2/14 PR-2 notes pain in the back with lumbar spine injury and lumbar herniated nucleus pulposus. Examination notes symmetric reflexes with bilateral straight leg raise at 70 degrees has full painless range of motion of hips. There is negative Bragard's test and negative Lasegue's test. The injured worker takes Meloxicam for degenerative disc disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #120, refill as needed for 1 year:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), back pain, opioids

**Decision rationale:** The medical records provided for review indicate functional benefit from an opioid for chronic pain. There is reported good pain control with only occasional use of the

opioid Norco. There is return to work and good ability to do functional activities of living (ADLs) from the therapy.