

<b>Case Number:</b>	CM14-0164959		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	11/01/1999
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 1, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and earlier lumbar fusion surgery. In a Utilization Review Report dated September 5, 2014, the claims administrator failed to approve a request for Norco. In a July 17, 2014 progress note, the applicant was given prescriptions for Norco, Flexeril, and tramadol owing to ongoing complaints of low back pain. It was stated that the applicant's low back pain had worsened following earlier fusion surgery. In an earlier note dated June 5, 2014, the applicant was again described as having intractable low back pain. Norco, Flexeril, and physical therapy were sought. The applicant's work status was not furnished. There was no explicit discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5/325mg QTY: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The attending provider has failed to recount any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. The information on file, furthermore, points to the applicant's presenting from visit to visit reporting worsening of underlying low back pain. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.