

<b>Case Number:</b>	CM14-0180301		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/16/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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:

Patient is a 43 year-old male with date of injury 06/06/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/27/2014, was not submitted for review. A prior PR-2, dated 06/04/2014, lists subjective complaints as pain in the low back and right knee. Objective findings: No current physical examination findings were available. No diagnoses were indicated. Patient is status post right knee scope in 2008 and 2012. The medical documents supplied for review document that the patient has been taking the following medication for at least as far back as 06/04/2014. Medications: Norco 2.5/325mg, #60 SIG: 1 q12H.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 2.5/325 mg 1 q12H, DOS 8/27/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement

or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 2 months. Retrospective request for Norco 2.5/325 mg 1 q12H, DOS 8/27/14 is not medically necessary.