

<b>Case Number:</b>	CM14-0186233		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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:

This injured worker is a 52 y/o male has developed chronic low back pain subsequent to an injury dated 9/17/13. He has been diagnosed with a severe L5 radiculopathy and has been treated with injections, physical therapy, and spinal surgery. His diagnosis includes a neuropathic pain syndrome post laminectomy (post laminectomy syndrome). He is treated with Gabapentin and Norco. The opioids are clearly documented to allow about 50% pain relief and support increased function. No aberrant drug related behaviors are reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

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

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

**Decision rationale:** MTUS Guidelines support the judicious responsible use of Opioids when there is pain relief and functional support. This injured worker meets these Guideline criteria. The Norco 10/325mg. #120 is medically necessary.