

<b>Case Number:</b>	CM14-0212992		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	08/25/2001
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 57 year old woman with a date of injury of 8/25/01. She was seen by her primary/secondary treating physician on 12/3/14 for a check-up and medications. She was sleeping 8 hours per night and she was able to perform tasks on her own but required assist with heavy lifting or climbing. She was retired. Her pain was reduced from 7/10 to 2/10 with medications. She had radicular pain from her low back to right knee. There is no exam documented. At issue in this review is the refill of norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic back and leg pain with an injury sustained in 2011. Per the guidelines, in opioid use, ongoing review and documentation of pain relief,

functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 12/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Norco to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records. Therefore, the request is not medically necessary.