

<b>Case Number:</b>	CM14-0053624		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/10/2001
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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: California  
 Certification(s)/Specialty: Emergency 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 46 year-old male, who sustained an injury on December 10, 2001. The mechanism of injury occurred from a motor-vehicle accident. Diagnostics have included: March 20, 2014 drug screen noted as consistent. Treatments have included: ALIF L5-S1, physical therapy, medications, lumbar epidural injections. The current diagnoses are: S/P ALIF L5-S1, cervical strain/sprain, chronic low back pain, depression. The stated purpose of the request for Norco 10/325 #90 to permit weaning of total opioid does to 120mg MED or below over 3 months times 2 was not noted. The request for Norco 10/325 #90 to permit weaning of total opioid does to 120mg MED or below over 3 months times 2 was denied citing a lack of documentation of medical necessity. Per the report dated March 20, 2014, the treating physician noted complaints of low back pain radiating to the right lower extremity with numbness. Exam shows lumbar ROM restriction, positive straight leg raising tests, decreased right L4-5 sensation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #90 to permit weaning of total opioid does to 120mg MED or below over 3 months times 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

**Decision rationale:** The requested Norco 10/325 #90 to permit weaning of total opioid does to 120mg MED or below over 3 months times 2, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain radiating to the right lower extremity with numbness. The treating physician has documented lumbar ROM restriction, positive straight leg raising tests, decreased right L4-5 sensation. This medication has been prescribed since at least October 2013. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor any meaningful attempts at weaning. The criteria noted above not having been met, Norco 10/325 #90 to permit weaning of total opioid does to 120mg MED or below over 3 months times 2 is not medically necessary.