

<b>Case Number:</b>	CM15-0000121		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Preventive Medicine, Occupational 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 60 year old male, who sustained an industrial injury on 10/5/09. He has reported back pain. The diagnoses have included thoracic spinal stenosis and lumbar degenerative joint disease. Treatment to date has included epidural injections, facet blocks and oral medications. Diagnostic treatments previously received include x-rays of the thoracic spine and (MRI) magnetic resonance imaging of lumbar spine. Currently, the IW complains of constant ongoing back pain with radiation to both legs. The injured worker currently notes 50 % functional improvement and reduction in pain with medications. He utilizes 1-2 Norco per day and 600mg of Neurontin at night. Physical exam on 11/20/14 revealed muscle rigidity and limited range of motion. Motor strength, sensation and deep tendon reflexes are grossly intact in lower extremities. On 12/8/14 Utilization Review non-certified a prescription for Norco 5/325 #60, noting the long term use of opioids is not recommended due to lack of functional improvement over baseline. The MTUS, ACOEM Guidelines, was cited. On 12/30/14, the injured worker submitted an application for IMR for review of Norco 5/325 #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325MG #60:** Overturned

**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, when to continue Page(s): 80.

**Decision rationale:** MTUS Guidelines supports the judicious use of opioids when there is no recurrent misuse with associated improvements in pain and function. This individual meets the Guideline criteria for continued use of opioids. Use is minimal, stable, without misuse and provides meaningful pain relief and functional support. The Norco 5/325mg. #60 is consistent with Guidelines and is medically necessary.