

<b>Case Number:</b>	CM15-0001097		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 41 year old male who sustained an industrial injury on 4/1/10. The injured worker reported symptoms in the back. The diagnoses included spondylosis, lumbar without myelopathy and myalgia and myositis unspecified. Treatments to date have included oral pain medications. PR2 dated 6/13/14 noted the injured worker presents with lumbar pain noted as "sharp, radiating pain and is constant pain" the treating physician is requesting Norco 10/325mg #90. On 12/12/14, Utilization Review non-certified a request for Norco 10/325mg #90, The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Recommendations for general conditions:- Chronic back pain: Appears.

**Decision rationale:** The injured worker reported symptoms in the back. The diagnoses included spondylosis, lumbar without myelopathy and myalgia and myositis unspecified. Treatments to date have included oral pain medications. PR2 dated 6/13/14 noted the injured worker presents with lumbar pain noted as "sharp, radiating pain and is constant pain" The medical records support the insured has a chronic pain condition that has not improved over time with conservative therapy and for which the insured reports functional benefit with the therapy on an occasional use. However, the medical records do not support there is ongoing opioid risk use mitigation tools being used. As such opioid is not supported for medical use.