

<b>Case Number:</b>	CM15-0010005		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/15/2007
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 59 year old male who sustained an industrial injury on 3/15/2007. He has reported low back pain and bilateral upper and lower extremities radicular pain. The diagnoses have included post laminectomy syndrome, cervical disc disease, cervical radiculitis, cervical stenosis and lumbar herniated disc. Treatment to date has included lumbar fusion in 1/28/2013, anterior cervical discectomy and fusion on 1/12/2011, lumbar and cervical epidural steroid injection, physical therapy, home exercises and medication management. Currently, the IW complains of low back and left lower extremity pain. Treatment plan included Norco 10/325mg #120. On 12/31/2014, Utilization Review modified the Norco 10/325mg #120 to a one month supply, noting the need for weaning. The MTUS, ACOEM and Official Disability Guidelines were cited. On 1/16/2015, the injured worker submitted an application for IMR for Norco 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, injured worker's working diagnoses are postlaminectomy syndrome; cervical disc disease; cervical radiculitis; cervical stenosis; lumbar herniated disc; and failed postlaminectomy hardware. Subjectively, the injured worker complains of low back pain and bilateral lower and upper extremity radicular pain. Objectively, there is decreased range of motion about the lumbar spine. Straight leg raising is positive bilaterally. There is tenderness to palpation of the right thigh and left lower leg. Norco was prescribed in a progress note dated June 1, 2014 (the earliest progress note in the record) as a refill. The start date is not known. The documentation does not contain evidence of objective functional improvement to gauge Norco's efficacy. There were no risk assessments in the medical record there are no detailed pain assessment in the medical record. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Norco, Norco 10/325 mg #120 is not medically necessary.