

<b>Case Number:</b>	CM15-0010015		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/29/2003
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/17/2014
<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: Texas, Ohio, 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 41 year old male, who sustained an industrial injury on 09/29/2003. He has reported lifting up a bucket filled with broken concrete and twisted him noting a sudden onset of pain to the low back with radiation of the bilateral lower extremities. The injured worker was diagnosed with lumbar disc disease, herniated discs at lumbar three to four and lumbar four to five, lumbago, and chronic pain. Treatment to date has included oral medication regimen, laboratory studies, computed tomography myelography, epidurals, trigger point injections, and use of a transcutaneous electrical nerve stimulation unit. Currently, the injured worker complains of an increase in constant, dull ache, chronic low back pain that radiates to the right lower leg and rates the pain a seven to eight out of ten without medication and four to five out of ten with medication. The injured worker also describes the pain as sharp, stabbing, and burning at times and notes that he is unable to perform activities of daily living or work secondary to pain without his pain medication regimen. The treating physician requested Norco noting the injured worker is able to function at work, perform activities of daily living, and is generally doing well on this medication. On 12/16/2014 Utilization Review modified the prospective request for one prescription of Norco 10/325mg with a quantity of 120 to Norco 10/325mg with a quantity of 60 between 12/05/2014 and 02/10/2015, noting the California Chronic Pain Medical Treatment Guidelines: Regarding Norco; When to Discontinue Opioids; When to Continue Opioids; Opioid, dosing; and Weaning of Medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 23, 2013. In a utilization review report dated December 17, 2014, the claims administrator partially approved a request for Norco, contenting that the applicant had failed to respond favorably to the same. A December 5, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated October 2, 2014, the applicant reported 7-8/10 pain without medications versus 4-5/10 pain with medications. The attending provider noted that the applicant had returned to work. The attending provider stated that the applicant was deriving appropriate improvements in function with ongoing medication usage. The applicant was returned to regular duty work without restrictions while morphine, Norco, Motrin, and Neurontin were renewed. Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently returned to full-time work without restrictions as of October 2, 2014. The applicant was described as reporting appropriate analgesia and improvements in function with ongoing opioid therapy on that date. Continuing the same, on balance, was/is indicated. Therefore, the request was medically necessary. MTUS Chronic Pain Medical Treatment Guidelines, page 80, When to Continue Opioids Topic.