

<b>Case Number:</b>	CM15-0017696		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 58 year old female, who sustained an industrial injury on 10/09/2007. She has reported subsequent low back pain and was diagnosed with lumbar sprain/strain, postlaminectomy syndrome of the lumbar spine, chronic pain and myofascial pain. Treatment to date has included oral and topical pain medication, a home exercise program and TENS unit. Norco was a chronic medication since at least 08/12/2014. In a progress note dated 01/02/2015, the injured worker complained of mild low back pain that was rated as 2/10. Objective physical examination findings were notable for tenderness to palpation and decreased range of motion. A request for authorization of Norco was made. On 01/14/2015, Utilization Review non-certified a request for Norco, noting that there was no detailed discussion of the efficacy of prior treatment. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325#48:** Upheld

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

**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 #48 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, the injured worker's working diagnoses are lumbar sprain/strain; post laminectomy syndrome lumbar spine; chronic pain; and myofascial pain. Subjectively, the injured worker complains of low back pain. Medications and TENS help with pain. The progress notes are handwritten and very brief with 1 to 2 lines. Norco was first prescribed August 12, 2014. The injured worker has been receiving regular refills. The documentation does not contain evidence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Norco while gauging its efficacy, Norco 10/325 mg #48 is not medically necessary.