

<b>Case Number:</b>	CM15-0116024		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 68 year old male, who sustained an industrial injury on July 13, 2009. He reported low back pain. The injured worker was diagnosed as having post-laminectomy syndrome, myalgia, myositis and opioid dependence. Treatment to date has included diagnostic studies, surgical intervention of the lumbar spine, conservative care, medications and work restrictions. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 14, 2014, revealed the injured worker was going to have surgical intervention. It was noted he had a history of stroke and was on blood thinners. Evaluation on January 26, 2015, revealed the injured worker had difficulty understanding instructions and that he was accompanied by his wife. The physician noted he may not be a surgical candidate and recommended pool therapy. It was noted she would explain things to the injured worker later. Evaluation on April 30, 2015, revealed the injured worker may be a surgical candidate after therapy. There was no documentation of the injured worker's continued pain or the effectiveness of his prescriptions. Norco 10/325mg #60 for the lumbar spine was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 75, 78.

**Decision rationale:** The California MTUS Guidelines recommend short-acting opioids for the treatment of chronic pain. Norco is considered a short-acting opioid. However for continuing use of Norco for chronic pain management the four A's (analgesia, activities of daily living, adverse side effects and aberrant drug behaviors) should be well documented in measurable, objective forms. It was noted the injured worker used Norco for pain however it was not documented if the Norco improved his ability to perform activities of daily living and the analgesic effects were not noted. There was a lack of supporting evidence that continued use of Norco was medically necessary. Norco (hydrocodone) 10/325 mg #60 is not medically necessary.