

<b>Case Number:</b>	CM15-0038755		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	12/27/2010
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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 male patient who sustained an industrial injury on 12/27/2010. A primary treating office visit dated 09/19/2014 reported the patient with subjective complaint of with continued lower back pain that radiates to lower extremity. He is diagnosed with degenerative disc disease of the lumbar spine. Current medications are Norco, Flexeril, and Voltaren. The patient is noted to be rarely working. A more recent visit dated 01/07/2015 reported subjective complaints as unchanged with the patient remaining symptomatic but stating that the medications are helpful. A visit dated 07/14/2014 noted the treating diagnosis of herniated nucleus pulposus and the worker was currently working. The hand written records are partially legible and did not include details in objective findings. The disputed medication is Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records did not show documentation of guidelines mandated compliance monitoring of UDS, CURES data reports, absence of aberrant behavior or functional restoration. There is no record of quantifiable reduction in pain or increase in ADL / symptoms with the use of opioids. The criteria for the use of Norco 10/325mg #120 were not medically necessary.