

<b>Case Number:</b>	CM15-0039094		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/11/2005
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/04/2015
<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: California

Certification(s)/Specialty: Family Practice

### 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 48-year-old male, with a reported date of injury of 07/11/2005. The diagnoses include status post lumbar fusion, intractable lumbar pain, and lumbar radiculopathy. Treatments to date have included Norco. The pain management re-evaluation report dated 01/09/2015 indicates that the injured worker reported some exacerbation of his low back pain with no new complaints. The pain is associated with lower extremity symptoms of numbness, tingling, and weakness. He has been taking Norco 10mg three to four times a day, which has been beneficial in addressing his chronic pain and allowed him to perform some of his daily chores. The physical examination showed spasm and tenderness over the lower lumbar spine with decreased range of motion, a slightly antalgic gait, and a straight leg test that caused back pain. The treatment plan included the prescription for Robaxin for stiffness and spasm, consideration of a course of therapy as an alternative, and a lumbar brace to help with chronic pain. The treating physician requested a refill of 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 for Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 1-127, 74-95, 80-81, 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records, it does not state the patient has functional improvement with Norco usage. As such, this request is not medically necessary.