

<b>Case Number:</b>	CM15-0063514		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	11/14/2003
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: 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 70-year-old male, with a reported date of injury of 11/14/2003. The diagnoses include low back pain, lumbar degenerative disc disease, and radiculopathy. Treatments to date have included Norco and Xanax. No other treatments included in the medical records. The medical report dated 03/04/2015 indicates that the injured worker complained of low back pain. It was noted that he used very little medication and his opiate dosage was within the guidelines. The physical examination showed a normal gait, tenderness of the bilateral lumbosacral muscles and paraspinal muscles, uncomfortable bilateral lumbar extension, flexion, and rotation, equal motor examination of the bilateral lower extremities, and sensory loss of the bilateral S1 distribution. The treating physician requested Norco 10/325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-80.

**Decision rationale:** MTUS Guidelines allow for the use of Opioid medications when there is meaningful pain relief, support of function and no aberrant drug related behaviors. These standards are adequately met in this individual. Use is quite limited and stable over a several year period and there is sufficient documentation of pain relief and functional improvements from use. Under these circumstances, the Norco 10/325mg #90 is supported by Guidelines and is medically necessary.