

<b>Case Number:</b>	CM15-0064373		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	10/08/1980
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Ohio, North Carolina, Virginia  
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 63 year old male, who sustained an industrial injury on 10/08/1980. The initial complaints or symptoms included back pain/injury after a heavy piece of machinery fell on his back. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, conservative therapies, injections, and multiple lumbar back surgeries. Currently, the injured worker complains of pain in the thoracolumbar junction with no changes in condition. The injured worker was seen for his yearly follow-up. The diagnoses include chronic low back pain with associated left-sided leg pain with possible spinal canal stenosis at L2-L3. The treatment plan consisted of medications (including Norco), and continued conservative care and therapies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Patients prescribed opioids chronically require ongoing assessment of pain, functional status, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improved pain and functionality as a consequence and/or the worker has regained employment. In this instance, the submitted medical record lacks quantification of pain with and without medication including any questions regarding least pain, worst pain, average pain, duration of analgesia from medication, and time to onset of analgesia. There is no submitted evidence of improved functionality as a result of the Norco use, if even temporarily. There is no evidence that questions regarding medication side effects have been asked recently. Lastly, there is no evidence of any monitoring for aberrant drug taking behavior. Urine drug screening should be done at least annually and it is suggested that pharmacy databases be checked as well. The medical necessity for continued opioid use has not been established. Therefore, norco 10/325 mg #100 is not medically necessary in view of the submitted medical record and with reference to the cited guidelines. A reduced quantity of Norco has already been certified by utilization review.