

<b>Case Number:</b>	CM15-0064925		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/20/2015
<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: 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 37-year-old female, who sustained an industrial injury on September 23, 2011. The injured worker had reported neck and back pain. The diagnoses have included neck pain, cervical disc bulge, thoracic spine pain, low back pain, facet joint degenerative changes, headache and temporomandibular joint dysfunction. Treatment to date has included medications, electrodiagnostic studies, radiological studies and a home exercise program. Current documentation dated February 24, 2015 notes that the injured worker reported low back pain. Examination of the lumbar spine revealed a limited range of motion in all planes. The injured worker noted that with current medications she is able to manage in her activities of daily living. The treating physician's plan of care included a request for Norco 5/325 mg # 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Pain (chronic), Integrated Treatment/Disability Duration Guidelines, ACOEM Chronic Pain chapter.

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

**Decision rationale:** MTUS Guidelines allow for the judicious use of Opioids if there is meaningful pain relief, support of function and no aberrant drug related behaviors. These standards are met with this individual. Use of Opioids is stable and very limited (2 low dose Norco per day). Pain relief of 50% plus improvement in function is clearly documented and there are no problematic drug related behaviors. Under these circumstances, the Norco 5/325mg. #60 is supported by Guidelines and is medically necessary.