

<b>Case Number:</b>	CM15-0066154		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/16/2001
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 49 year old male, who sustained an industrial injury on 01/16/2001. He has reported injury to the low back. The diagnoses have included lumbago, status post surgery; lumbar disc displacement; lumbosacral neuritis; and chronic pain. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Ibuprofen, Gabapentin, and Valium. A progress note from the treating provider, dated 03/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued low back pain; pain is rated at 4-5/10 on the visual analog scale; and current medications and treatments afford temporary decrease in the symptoms. Objective findings have included mildly antalgic gait; tenderness upon palpation throughout the lumbosacral spine and paraspinals with paralumbar muscle spasms. The treatment plan has included the request for 1 prescription for Norco 5/325 mg, #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Norco 5/325mg, #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids, long-term assessment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 49 year old male has complained of low back pain since date of injury 1/16/01. He has been treated with surgery, physical therapy and medications to include opioids since at least 10/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.