

<b>Case Number:</b>	CM15-0070763		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	05/15/1999
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 73 year old male, who sustained an industrial injury on May 15, 1999. The injured worker has been treated for low back complaints. The diagnoses have included neuralgia/neuritis and radiculitis unspecified and chronic lumbar spine pain with adjacent pathology. Treatment to date has included medications, hot and cold treatment, stretching and lumbar surgery. Current documentation dated March 3, 2015 notes that the injured worker reported low back pain which was unchanged from the prior visit. The pain was described as intermittent and achy. The pain was noted to increase with walking. Associated symptoms included numbness and tingling of the right leg and on the right side, as well as weakness in his hands, arms and legs. Examination of the lumbar spine revealed tenderness to palpation and equal strength throughout the lower extremities. The injured workers pain was rated an eight out of ten on the visual analogue scale with medication. The treating physician's plan of care included a request for Norco 7.5/325 mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

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

**Decision rationale:** This 73 year old male has complained of lower back pain since date of injury 5/15/99. He has been treated with surgery, physical therapy and medications to include opioids since at least 04/2013. 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 medically necessary.