

<b>Case Number:</b>	CM15-0077169		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old, male who sustained a work related injury on 4/27/12. The diagnoses have included herniated lumbar disc, multi-level degenerative disc disease, lumbar stenosis and status post lumbar surgery. The treatments have included medications and home exercises. In the PR-2 dated 3/26/15, the injured worker complains of back pain. He has left leg pain. He rates his pain a 7/10. The treatment plan is refill prescription for medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic low back and left leg pain. When seen, pain was rated at 7/10. Prior visits document pain rated at 2/10 and controlled with medications. Norco is being

prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Norco is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.