

<b>Case Number:</b>	CM15-0077383		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/21/2015
<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: 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 68 year old male who sustained an industrial injury on 6/29/2000. His diagnoses, and/or impressions, included: cervical spine stenosis; lumbar degenerative disc disease; chronic low back pain; other chronic pain; shoulder region joint pain; and a broken foot. No current magnetic resonance imaging studies are noted. His treatments have included back surgery; right shoulder surgery; and medication management. Progress notes of noted 3/31/2015 report that he reported for follow-up of his chronic low back pain; that had been hospitalized for pneumonia and a broken foot resulting in an increase in the number of Norco he took per day, but that he returned to six Norco/day since being home; and that he did a good trial for dose reduction, decreasing Norco to 5.5 pills/day, but was not successful, and simply did not feel well during that period of time. The physician's requests for treatments were noted to include Norco, adding that he felt it was unrealistic to try to get him on less.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #180:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS Guidelines support the careful use of Opioids when there is meaningful pain relief, support of function and a lack of drug related aberrant behaviors. This individual meets these Guideline criteria. Up to 40% pain relief is documented and improvement in ADLS, function, and sleep is documented as a result of use. No aberrant behaviors have been manifested. Under these circumstances, the Norco 10/325 #180 is supported by Guidelines and is medically necessary.