

<b>Case Number:</b>	CM15-0078469		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	12/09/2009
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/03/2015
<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: Emergency 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:

This 55 year old male sustained an industrial injury on 12/9/09. He subsequently reported back pain. Diagnoses include failed back surgery syndrome. Treatments to date have included x-ray and MRI studies, surgery, physical therapy and prescription pain medications. Patient has had multiple back surgeries documented. The injured worker continues to experience low back pain with radiation to the lower extremities. Upon examination, the injured worker had diffuse low back pain and a spasms and a total score of 62 % disability on the Oswestry scale. A request for Norco medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (ODG) Official Disability Guidelines, Chronic pain, Opioids medication.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has persistent pain complaints with no documentation of any objective improvement in pain or function. The lack of any objective improvement does not support the continued use of Norco. Norco is not medically necessary.