

<b>Case Number:</b>	CM15-0094221		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 65-year-old male, who sustained an industrial injury on 4-25-12. He reported headache, back pain, and knee pain. The injured worker was diagnosed as having cervical spine sprain and strain, lumbar spine sprain and strain, and right knee degenerative joint disease. Treatment to date has included a L3-5 transforaminal epidural steroid injection, physical therapy, chiropractic treatment, and medication. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for Norco 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Functional improvement measures Page(s): 78-80/48.

**Decision rationale:** MTUS Guidelines have specific recommendations and standards to support the long-term use of opioid medications. The standards include well-documented improvements in pain and well-documented improvements in function as a result of opioid use. These standards have not been met in this individual. There is no evidence of meaningful pain relief or objective improvements in functioning as a result of the Norco. Under these circumstances, the Norco 10/325mg, #120 is not supported by Guidelines and is not medically necessary.