

<b>Case Number:</b>	CM15-0097664		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	05/17/1999
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Texas, Illinois

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:

This 58-year-old male sustained an industrial injury on 5/17/99. He subsequently reported back pain. Diagnoses include lumbago, lumbar post-laminectomy syndrome and failed back syndrome. Treatments to date include MRI and x-ray testing, surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience chronic low back pain. Upon examination, strength was within normal limits throughout the upper and lower extremities. He had good head and neck range of motion in all planes without neck pain or upper back pain. There was restricted flexion and extension of the lumbar spine. The treating physician made a request for Norco medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 5/17/1999. The medical records provided indicate the diagnosis of lumbago and lumbar post-laminectomy syndrome. Treatments to date include MRI and x-ray testing, surgery, physical therapy, injections and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg, #240. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 10/2014, but with no overall improvement. Therefore, the request for Norco 10/325mg #240 is not medically necessary.