

<b>Case Number:</b>	CM13-0034176		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/04/2011
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in internal medicine, has a subspecialty in pulmonary disease and is licensed to practice in California. 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 physician 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/services.

### 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 is a male patient, age and date of birth not provided, who reported a work related injury 02/04/2011. ■■■ progress note dated 08/06/2013 reports patient's chief complaints as neck/right shoulder/right wrist/lower back pain. The progress note also reports chiropractic neck/lumbar spine therapy. There was also a positive straight leg raise at 60 degrees on the right. Pain was reported at the right S1 distribution and on flexion and extension. There were also trace ankle jerks reported. Positive right Tinel's and phalen's; also, positive Durkin compression and decreased grip strength. The patient had been initially prescribed Norco 10/325mg two 3 times a day #240 for 6 weeks and then #180. On 12/17/2012 MRI of lumbar spine L4-5 disc bulge effacing the left nerve root and at L5-S1. At present, there is a request for Norco 10/325 mg #60. No current drug screen provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** The Physician Reviewer's decision rationale: CA MTUS guidelines state that ongoing monitoring for effectiveness, activities of daily living, adverse side effects, and

aberrant drug taking are recommended. CA MTUS recommends MED to be 120mg or less. The patient was previously taking Norco three times a day. The current request is for Norco twice a day. Based on clinical report provided, the MD has been weaning patient from medication. Guidelines recommend weaning versus abrupt discontinuation. Therefore, the request is supported at this time as the provider is reducing medication intake. As such, the request for Norco 10/325mg #60 is certified.